#CALIF DEPT OF HEALTH SERV ME MOP024 FE

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 17,921 03/14/05

FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID	CODE 10
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YOLO COUNTY	SUMMARY OF SERV	/ICES FOR CASH GRANT -	- AGED	AID CODE	10		
					MON	THLY AVERA	GE
104 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,694	14,527 \$	694,658.12	\$ 47.82	139.683 \$	410.07	\$ 6679.41
@PHYSICIANS SERVICES	21	52 \$	1,132.75	\$ 21.78	.500 \$		
OUTPATIENT VISITS	3	3	79.60	26.53	.029	26.53	.77
OFFICE VISITS	3	3	79.60	26.53	.029	26.53	.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
	0	0				.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		
OTHER OUTPATIENT			.00	.00	.000	.00	.00
INPATIENT VISITS	1	3	30.83	10.28	.029	30.83	.30
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	3	30.83	10.28	.029	30.83	.30
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
ANESTHESIOLOGIST	0	0			.000		
DIALYSIS			.00	.00	.000	.00	.00
PATHOLOGY	2	2	6.27	3.14	.019	3.14	.06
RADIOLOGY	2	2	112.73	56.37	.019	56.37	1.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	17	42	903.32	21.51	.404	53.14	8.69
@PHARMACY	233	3 , 612 \$	49,669.59	\$ 13.75	34.731 \$	213.17	\$ 477.59
PRESCRIPTION DRUGS	227	504	49,231.31	97.68	4.846	216.88	473.38
SNF/ICF	28	77	10,780.68	140.01	.740	385.02	103.66
OUTPATIENTS	202	427	38,450.63	90.05	4.106	190.35	369.72
MEDICAL SUPPLIES	10	3,108	438.28	.14	29.885	43.83	4.21
@DENTIST	624	2 , 603 \$	121,065.87	\$ 46.51	25.029 \$		\$ 1164.09
VISITS - DIAGNOSTIC	371	1,527	15,517.97	10.16	14.683	41.83	149.21
ORAL SURGERY	114	268	12,235.00	45.65	2.577	107.32	117.64
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	1	.00	.00	.010	.00	.00
	50	54	4,828.00	89.41	.519	96.56	46.42
PERIODONTICS			-				
ENDODONTICS	40	68	15,987.00	235.10	.654	399.68	153.72
RESTORATIVE DENTISTRY	129	280	25,227.15	90.10	2.692	195.56	242.57
PROSTHETICS	23	24	670.00	27.92	.231	29.13	6.44
DENTURES, STAYPLATES	134	373	46,600.75	124.93	3.587	347.77	448.08
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	8	.00	.00	.077	.00	.00

MOP024

YOLO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,922

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

03/14/05

YOLO COUNTY	SUMMARY OF SERVICES I	'OR	CASH GR	AN'I'	- AGED		AID CODE					
								Mo	TNC	HLY AVERA	.GE	
104 ELIGIBLES	USERS UNITS	OF	' SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
	OR I	DAYS	OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	17		54	\$	978.56	\$	18.12	.519	\$	57.56	\$	9.41
DIAGNOSTIC AND ANC. PROCED	1		1	•	47.45	·	47.45	.010		47.45	·	.46
EYE APPLIANCES	16		44		783.98		17.82	.423		49.00		7.54
OTHER OPTOMETRIC SERVICES	3		9		147.13		16.35	.087		49.04		1.41
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ċ	.00	\$.00
	0		0	Y	.00	Y	.00	.000	Y	.00	Y	.00
VISITS	0		0									
OTHER SERVICES	0			<u>^</u>	.00	<u>^</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@PODIATRIST	ů .		0	\$.00	\$.00	.000	Ş	.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	Ś	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	7		35	Ś	9,234.66	\$.337		1319.24		88.79
HOSP INPATIENT TOTAL	3		9	т	8,857.48	т	984.16	.087	Τ.	2952.49	Τ.	85.17
HSC HOSPITALS	2		9		8,857.48		984.16	.087		4428.74		85.17
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0									
TRANSITIONAL IP CARE	~				.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4		26		377.18		14.51	.250		94.30		3.63
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	4		26		377.18		14.51	.250		94.30		3.63
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	•	.00	·	.00	.000		.00	·	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
	0		0									
ALL OTHER ACCOM	0				.00		.00	.000		.00		.00
ANCILLARIES	~		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

0 RADIOLOGY 0 .00 .00 .000 .00 .00 0 0 ROOM USE .00 .00 .000 .00 .00 0 0 .00 .000 .00 CROSSOVERS/ALL OTH OUTPTNT .00 .00 PAGE 17,923

03/14/05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

YOLO COUNTY	SUMMARY OF SERVICES	FOR CASH GRAN	IT - AGED	AID COD	E 10		
					MOI	NTHLY AVERAG	GE
104 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	35 \$	9,234.66	\$ 263.85	.337	\$ 1319.24	\$ 88.79
COMM HOSP INPATIENT TOTAL	3	9	8,857.48	984.16	.087	2952.49	85.17
HSC HOSPITALS	2	9	8,857.48	984.16	.087	4428.74	85.17
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	Û	.00		.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	1	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
	0	26	377.18		.250	94.30	3.63
COMM HOSP OUTPATIENT TOTAL	0	26					
MEDICAL			.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00		.000	.00	.00
RADIOLOGY	0	0	.00		.000	.00	.00
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	26	377.18		.250	94.30	3.63
@STATE HOSPITAL	2	62 \$	31,501.57	\$ 508.09	.596	\$ 15750.79	\$ 302.90
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	2	62	31,501.57	508.09	.596	15750.79	302.90
@NURSING FACILITY	3	26 \$	1,960.70	\$ 75.41	.250	\$ 653.57	\$ 18.85
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00		.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
LEV B-REGULAR	3	26	1,960.70		.250	653.57	18.85
@INTERMEDIATE CARE FACILDD	0	0 \$	•				
ICF DDH	0	0	.00	·	.000	.00	.00
	0	0					
ICF DD	0	0	.00		.000	.00	.00
ICF DDN/DDCN	0		.00		.000	.00	.00
@HEMODIALYSIS TOTAL	0	'		·		\$ 630.14	•
HOSPITAL BASED	0	0	.00		.000	.00	.00
HEMODIALYSIS CENTER	1	1	630.14		.010	630.14	6.06
@REHABILITATION FACILITY	0	0 \$		·	.000	•	·
HOSPITAL BASED	0	0	.00		.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	5 \$	31.86	5 \$ 6.37	.048	\$ 31.86	\$.31
PATHOLOGY	1	5	31.86	6.37	.048	31.86	.31
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	51 \$	8,084.89	\$ 158.53	.490	\$ 218.51	\$ 77.74
CLINIC	0	0	.00	·	.000	.00	.00
SURGICENTER	0	0	.00		.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.000	.00	.00
RURAL HEALTH CLINIC	37	51	8,084.89		.490	218.51	77.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN						PAGE 17,924
" O DULT OF HUMBER DULK	THE STITE STITE AND AN			THE TOTAL OF THE	2001 IIII(0 D)		1110L 11, J24

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

TOLO COUNTI	DOMMANT OF DER	VICES FOR CASH GRANT	AGED		AID CODE	10		
						MOI	NTHLY AVERA	GE
104 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	857	8 , 026 \$	470,367.53	\$	58.61	77.173	\$ 548.85	\$ 4522.76
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00	.00
BLOOD BANK	0	0	.00		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	40	95.98		2.40	.385	47.99	.92
AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00	.00
OTHER TRANS	1	36	63.15		1.75	.346	63.15	.61
OTHER SERVICES	1	4	32.83		8.21	.038	32.83	.32
ACUPUNCTURE	0	0	.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	539	6,445	448,585.78		69.60	61.971	832.26	4313.32
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	39	201	14,269.48		70.99	1.933	365.88	137.21
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	287	661	7,073.41		10.70	6.356	24.65	68.01
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	1	3	1.12		.37	.029	1.12	.01
PROSTHETIST/ORTHOTISTS	1	2	78.86		39.43	.019	78.86	.76
PROSTHETICS	1	2	78.86		39.43	.019	78.86	.76
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	4	674	262.90		.39	6.481	65.73	2.53
@CALIF. CHILDREN SERVICES*	0	0 \$.00		.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**	29	86 \$	836.25	\$	9.72	.827	\$ 28.84	\$ 8.04

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,925 MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05

						MOI	NTHLY AVERA	GE
15 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	170	4,779	\$	122,623.52	\$ 25.66	318.600	721.31	\$ 8174.90
@PHYSICIANS SERVICES	3	4	\$	176.04	\$ 44.01	.267	58.68	\$ 11.74
OUTPATIENT VISITS	2	2		73.98	36.99	.133	36.99	4.93
OFFICE VISITS	1	1		59.50	59.50	.067	59.50	3.97
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		14.48	14.48	.067	14.48	.97
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	102.06	51.03	.133	102.06	6.80
@PHARMACY	42	119	\$ 34,632.38	\$		\$ 824.58	\$ 2308.83
PRESCRIPTION DRUGS	42	119	34,632.38	291.03	7.933	824.58	2308.83
SNF/ICF	9	25	7,017.90	280.72	1.667	779.77	467.86
OUTPATIENTS	37	94	27,614.48	293.77	6.267	746.34	1840.97
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	47	202	\$ 4,604.00	\$ 22.79	13.467	\$ 97.96	\$ 306.93
VISITS - DIAGNOSTIC	29	134	1,423.00	10.62	8.933	49.07	94.87
ORAL SURGERY	10	40	1,824.00	45.60	2.667	182.40	121.60
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	8	9	472.00	52.44	.600	59.00	31.47
ENDODONTICS	2	2	520.00	260.00	.133	260.00	34.67
RESTORATIVE DENTISTRY	4	4	144.00	36.00	.267	36.00	9.60
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES SPACE MAINTAINERS	2	12	221.00	18.42	.800	110.50	14.73
	0	0					
MAXILLOFACIAL SERVICES	Ü	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.067	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES A FEE-FOR-SERVICE/DEN		MONTH-OF-PAYMENT REPOR	r for Jan 2	2004 THRU DE	C 2004	PAGE 17,926 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 ----- MONTHLY AVERAGE -----15 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 0 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 .00 s @CHIROPRACTOR .00 \$.00 .000 \$.00 .00 VISITS .00 .000 .00 .00 OTHER SERVICES 0 .00 .000 .00 .00 2.88 \$ 2.88 .067 \$ 2.88 \$ @PODIATRIST .19 .00 MEDICINE/INJECTIONS .00 .00 .000 . 00 0 SURGERY/ANES. .00 .00 .000 .00 .00 .00 RADIO./PATHOLOGY 0 .00 .000 .00 2.88 1 2.88 2.88 OTHER .067 .19 2,904.50 \$ @HOME HEALTH AGENCY 98 29.64 6.533 \$ 1452.25 \$ 193.63 0 .00 \$.00 .00 \$ NURSE ANESTHESIST .000 \$.00 .00 \$.00 .000 \$.00 \$ NURSE MIDWIFE . 00 .00 \$.00 .00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$ FAMILY NURSE PRACTITIONER .00 @TOTAL HOSPITAL 192.54 \$ 24.07 .533 \$ 64.18 \$ 12.84 .00 .00 HOSP INPATIENT TOTAL .00 .000 . 00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 192.54 24.07 HOSP OUTPATIENT TOTAL .533 64.18 .00 .00 MEDICAL .00 .000 . 00 SURGERY .00 .00 .000 .00 .00 36.28 9.07 .267 36.28 2.42 PATHOLOGY .00 .00 RADIOLOGY .00 .000 .00 70.26 35.13 .133 70.26 ROOM USE 4.68 CROSSOVERS/ALL OTH OUTPTNT 86.00 43.00 .133 43.00 5.73 .00 \$.00 .00 \$ @COUNTY HOSPITAL TOTAL .000 \$.00 CO HOSPITAL INPATIENT TOTAL . 00 .00 .000 . 00 . 00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS . 00 .00 .000 . 00 . 00 .00 .00 . 00 .000 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 ANCILLARIES . 00 .00 .000 . 00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 17,927
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FO	OR CASH GRANT	- BLIND	AID CODE	E 20		

15 ELICIBLES							Mo	TNC	HLY AVERA	GE.	
COMMUNITY HOSPITAL TOTAL 3	15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST					COST PER
COMMUNITY HOSPITAL TOTAL 3											ELIGIBLE
HSC ROSPITALS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@COMMUNITY HOSPITAL TOTAL	3		\$ 192.54				\$	64.18	\$	12.84
HSC HOSPITALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
NON-HISC HOSPITALS TOTAL	HSC HOSPITALS	0	0								.00
ACCOMMODATIONS O ADMINISTRATIVE DAYS O O O O O O O O O O O O O O O O O O O	NON-HSC HOSPITALS TOTAL	0	0								
TRANSITIONAL IP CARE ALC OTHER ACCOM ALC OTHER ACCOM ALC OTHER ACCOM ANCILLARIES O O O O O O O O O O O O O O O O O O O		0	0								
TRANSITIONAL IP CARE ALC OTHER ACCOM ALC OTHER ACCOM ALC OTHER ACCOM ANCILLARIES O O O O O O O O O O O O O O O O O O O	ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
ANCILIARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
ANCILIARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
COMM HOSP OUTPATIENT TOTAL 3 8 192.54 24.07 5.33 64.18 12.84 MEDICAL 0 0 0 0.00 0.00 0.00 0.00 0.00 SURGERY 0 0 0 0.00 0.00 0.00 0.00 0.00 PATHOLOGY 1 4 36.28 9.07 2.67 36.28 2.42 RADIOLOGY 1 2 70.26 35.13 1.33 70.26 4.68 ROM USE 1 2 70.26 35.13 1.33 70.26 4.68 CROSSOVERS/ALL OTH OUTPINT 2 2 86.00 43.00 1.00 5.73 STATE HOSPITAL 0 0 5 0.00 0.00 0.00 0.00 0.00 MENTALLY ILL 0 0 0 0.00 0.00 0.00 0.00 0.00 MENTALLY ILL 0 0 0 0.00 0.00 0.00 0.00 0.00 OEVELOP. DISABLED 0 0 0.00 0.00 0.00 0.00 0.00 GNUSSING FACILITY 2 16 \$ 1,913.60 \$ 19.60 1.67 \$ 956.80 \$ 127.57 LEV A-INTERMEDIATE 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-SUBACUTE FREESTANDING 0 0 0.00 0.00 0.00 0.00 LEV B-SUBACUTE HISTIL BASED 0 0 0.00 0.00 0.00 0.00 LEV B-REGULAR 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REGULAR 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REGULAR 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REGULAR 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REGULAR 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REGULAR 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REGULAR 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REGULAR 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REGULAR 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REGULAR 0 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REGULAR 0 0 0 0 0 0 0 0.00 0.00 0.00 0.00 LEV B-REGULAR 0 0 0 0 0 0 0 0 0	INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
MEDICAL 0	ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
SURCERY	COMM HOSP OUTPATIENT TOTAL	3	8	192.54		24.07	.533		64.18		12.84
PATHOLOGY	MEDICAL	0	0	.00		.00	.000		.00		.00
RADIOLOGY ROOM USE ROOM US ROO	SURGERY	0	0	.00		.00	.000		.00		.00
ROOM USE	PATHOLOGY	1	4	36.28		9.07	.267		36.28		2.42
CROSSOVERS/ALL OTH OUTPINT 2	RADIOLOGY	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT 2	ROOM USE	1	2	70.26		35.13	.133		70.26		4.68
MENTALLY ILL 0 0 .0	CROSSOVERS/ALL OTH OUTPTNT	2		86.00		43.00	.133		43.00		5.73
DEVELOP. DISABLED QNURSING FACILITY Q 16 \$ 1,913.60 \$ 119.60 1.067 \$ 956.80 \$ 127.57 LEV A-INTERMEDIATE O 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
@NURSING FACILITY 2 16 \$ 1,913.60 \$ 119.60 1.067 \$ 956.80 \$ 127.57 LEV A-INTERMEDIATE 0 0 .00	MENTALLY ILL	0	0	.00		.00	.000		.00		.00
LEV A-INTERMEDIATE 0 0 0 0.00 .00 .000 .00 .00 .00 LEV B-REHAB MD 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@NURSING FACILITY	2	16	\$ 1,913.60	\$	119.60	1.067	\$	956.80	\$	127.57
LEV B-SUBACUTE FREESTANDING 0 0 .00	LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED 0 0 .00	LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR 2 16 1,913.60 119.60 1.067 956.80 127.57 @INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00	LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
GINTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .0	LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ICF DDH	LEV B-REGULAR	2	16	1,913.60		119.60	1.067		956.80		127.57
ICF DD 0 0 .00	@INTERMEDIATE CARE FACILDD	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
ICF DDN/DDCN 0 .00 .00 .00 .00 .00 .00 @HEMODIALYSIS TOTAL 1 1 \$ 660.00 \$ 660.00 .067 \$ 660.00 \$ 44.00 HOSPITAL BASED 0 0 \$.00 .00 .00 .00 44.00 44.00 660.00 .067 660.00 .44.00 44.00 600.00 .00 <td>ICF DDH</td> <td>0</td> <td>0</td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	ICF DDH	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL 1 1 \$ 660.00 \$ 660.00 \$ 660.00 \$ 44.00 HOSPITAL BASED 0 0 .00	ICF DD	0	0	.00		.00	.000		.00		.00
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .44.00 <	ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER 1 1 660.00 660.00 .067 660.00 44.00 (REHABILITATION FACILITY 0 0 \$.00 \$.00 .000 \$.00 \$.00 HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 INDEPENDENT FACILITY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 (BLABORATORY FACILITY 0 0 0 \$.00 \$.00 \$.00 .00 \$.00 PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@HEMODIALYSIS TOTAL	1	1 5	\$ 660.00	\$	660.00	.067	\$	660.00	\$	44.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 <td>HOSPITAL BASED</td> <td>0</td> <td>0</td> <td>.00</td> <td></td> <td>.00</td> <td></td> <td></td> <td>.00</td> <td></td> <td>.00</td>	HOSPITAL BASED	0	0	.00		.00			.00		.00
HOSPITAL BASED 0 0 .00	HEMODIALYSIS CENTER	1		660.00		660.00	.067		660.00		44.00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 @LABORATORY FACILITY 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00	@REHABILITATION FACILITY	0	0 9	\$.00	\$.00	.000	\$.00	\$.00
@LABORATORY FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .0	HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
PATHOLOGY 0 0 .00 .00 .00 .00 .00		O .	· · · · · · · · · · · · · · · · · · ·								.00
	@LABORATORY FACILITY	0	0 9	\$	\$			\$		\$	
XO AND OTHERS 0 0 .00 .00 .00 .00 .00	PATHOLOGY	0	•				.000				
	XO AND OTHERS	0	0	.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	5	6 \$	1,296.00	\$ 216.00	.400 \$	259.20	\$ 86.40
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6	1,296.00	216.00	.400	259.20	86.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 17,928
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	- BLIND	AID CODE	20		
					MON	THLY AVERAG	E
15 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	90	4,324 \$	76,241.58	\$ 17.63	288.267 \$	847.13	\$ 5082.77
DURABLE MED FOULD	1	25	1.623 14	64 93	1 667	1623 14	108 21

					MC	MIULI AAFVA	.GE
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	90	4,324 \$	76,241.58	\$ 17.63	288.267	\$ 847.13	\$ 5082.77
DURABLE MED. EQUIP.	1	25	1,623.14	64.93	1.667	1623.14	108.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	925	1,668.06	1.80	61.667	834.03	111.20
AMBULANCES/AIR TRANS	1	1	107.16	107.16	.067	107.16	7.14
OTHER TRANS	1	924	1,560.90	1.69	61.600	1560.90	104.06
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	64	774	53,854.92	69.58	51.600	841.48	3590.33
GENETIC DISEASE TESTING	1	1	105.00	105.00	.067	105.00	7.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	16	188.90	11.81	1.067	20.99	12.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	354	1,335.75	3.77	23.600	190.82	89.05
EPSDT SUPPLEMENTAL SERVICE	4	586	17,234.26	29.41	39.067	4308.57	1148.95
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	1,643	231.55	.14	109.533	77.18	15.44
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	7 \$	843.08	\$ 120.44	.467	\$ 168.62	\$ 56.21

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 17,929
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60	

							MC	TNC	HLY AVERA	GE.	
799 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	€		PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	10,813	93,867	\$	4,934,385.26	\$	52.57	117.481	\$	456.34	\$	6175.70
@PHYSICIANS SERVICES	394	977	\$	30,985.54	\$	31.71	1.223	\$	78.64	\$	38.78
OUTPATIENT VISITS	122	150		6,132.39		40.88	.188		50.27		7.68
OFFICE VISITS	79	94		3,420.34		36.39	.118		43.30		4.28
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	28	38		2,048.92		53.92	.048		73.18		2.56

PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	2	2		179.48		89.74	.003		89.74		.22
OTHER OUTPATIENT	14	16		483.65		30.23	.020		34.55		.61
INPATIENT VISITS	48	129		4,772.99		37.00	.161		99.44		5.97
HOSPITAL VISITS	23	64		2,487.25		38.86	.080		108.14		3.11
CRITICAL CARE	4	7		604.00		86.29	.009		151.00		.76
SNF/ICF/TRANS IP CARE	25	58		1,681.74		29.00	.073		67.27		2.10
OPHTHALMOLOGICAL SERVICES	6	7		249.48		35.64	.009		41.58		.31
EXAMINATIONS	6	7		249.48		35.64	.009		41.58		.31
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	9	31		3,296.54		106.34	.039		366.28		4.13
PRINCIPAL SURGEON	6	6		2,518.24		419.71	.008		419.71		3.15
ASSISTANT SURGEON	1	1		101.27		101.27	.001		101.27		.13
ANESTHESIOLOGIST	3	24		677.03		28.21	.030		225.68		.85
OUTPATIENT SURGERY	14	26		3,126.99		120.27	.033		223.36		3.91
PRINCIPAL SURGEON	13	15		2,802.56		186.84	.019		215.58		3.51
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	11		324.43		29.49	.014		162.22		.41
DIALYSIS	1	1		225.04		225.04	.001		225.04		.28
PATHOLOGY	11	21		364.49		17.36	.026		33.14		.46
RADIOLOGY	52	90		3,755.15		41.72	.113		72.21		4.70
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	41		370.97		9.05	.051		46.37		.46
OTHER SERVICES/ALL X-OVERS	202	481		8,691.50		18.07	.602		43.03		10.88
@PHARMACY	5,960	22,154 \$;	2,812,154.98	S	126.94	27.727	Ś		Ś	3519.59
PRESCRIPTION DRUGS	5,938	14,398		2,798,305.82	Ψ.	194.35	18.020	Τ.	471.25	т	3502.26
SNF/ICF	464	1,745		301,565.37		172.82	2.184		649.93		377.43
OUTPATIENTS	5,524	12,653		2,496,740.45		197.32	15.836		451.98		3124.83
MEDICAL SUPPLIES	66	7,756		13,849.16		1.79	9.707		209.84		17.33
@DENTIST	2,846	13,666 \$		473,032.04	\$	34.61	17.104	Ċ		Ċ	
VISITS - DIAGNOSTIC	1,919	9,268	,	100,093.95	Ÿ	10.80	11.599	Y	52.16	Y	125.27
ORAL SURGERY	436	1,033		52,217.75		50.55	1.293		119.77		65.35
DRUGS	1	1,033		25.00		25.00	.001		25.00		.03
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.13
PERIODONTICS	270	300		29,313.60		97.71	.375		108.57		36.69
ENDODONTICS	197	317		67,909.00		214.22	.397		344.72		84.99
RESTORATIVE DENTISTRY	697	1,704		119,268.45		69.99	2.133		171.12		149.27
PROSTHETICS	47	57		1,520.00		26.67	.071		32.34		1.90
DENTURES, STAYPLATES	315	916		101,714.29		111.04	1.146		322.90		127.30
SPACE MAINTAINERS	4	10		480.00		48.00	.013		120.00		.60
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	6	6		315.00		52.50	.008		52.50		.39
ALL OTHER SERVICES	50	53		75.00		1.42	.066		1.50		.09
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH!					DEC		Б	AGE 17,930
MOP024			MONI	n-Or-PAIMENI KI	EPURI	L FOR JAN .	2004 IHRU	DEC	2004	P	03/14/05
	FEE-FOR-SERVICE		ım D.	TCADIED		ATD CODE	60				03/14/03
YOLO COUNTY	SUMMARI OF SERV	ICES FOR CASH GRAN	и – р.	ISADLED		AID CODE	M		עמיינע אנדיי	CE	
799 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	DACE COCH	UNITS/DAY				COST PER
199 FUIGIBLES	OSEKS	OR DAYS OF CARE		FVLFNDIIAKF2			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	90	245 \$		4,678.17			.307		51.98		
DIAGNOSTIC AND ANC. PROCED	32	35	,	1,380.46	Y	39.44	.044	Y	43.14	Y	1.73
EYE APPLIANCES	77	207		3,267.85		15.79	.259		42.44		4.09
OTHER OPTOMETRIC SERVICES	2	3		29.86		9.95	.004		14.93		.04
@CHIROPRACTOR	1	2 \$		33.44	\$.004	¢	33.44	¢	.04
VISITS	1	2	•	33.44	Ÿ	16.72	.003	Y	33.44	۲	.04
A TOTIO	Τ.	۷.		22.74		10.12	.003		22.44		.04

OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	7	14	\$ 346.66	\$ 24.76	.018	\$	49.52	\$.43
MEDICINE/INJECTIONS	4	5	187.90	37.58	.006		46.98	.24
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.003		34.60	.04
OTHER	3	7	124.16	17.74	.009		41.39	.16
@HOME HEALTH AGENCY	5	438	\$ 13,643.22	\$ 31.15	.548	\$	2728.64	\$ 17.08
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	5	\$ 71.85	\$ 14.37	.006	\$	23.95	\$.09
@TOTAL HOSPITAL	140	681	\$ 142,525.78	\$ 209.29	.852	\$	1018.04	\$ 178.38
HOSP INPATIENT TOTAL	42	67	130,931.70	1954.20	.084		3117.42	163.87
HSC HOSPITALS	10	37	55,666.83	1504.51	.046		5566.68	69.67
NON-HSC HOSPITAL TOTAL	4	30	54,122.50	1804.08	.038	-	13530.63	67.74
ACCOMMODATIONS	4	30	11,898.62	396.62	.038		2974.66	14.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	4	30	11,898.62	396.62	.038		2974.66	14.89
ANCILLARIES	4	0	42,223.88	.00	.000		10555.97	52.85
INPATIENT CROSSOVERS	28	0	21,142.37	.00	.000		755.08	26.46
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	101	614	11,594.08	18.88	.768		114.79	14.51
MEDICAL	21	29	1,308.59	45.12	.036		62.31	1.64
SURGERY	1	1	21.55	21.55	.001		21.55	.03
PATHOLOGY	40	304	2,170.86	7.14	.380		54.27	2.72
RADIOLOGY	21	52	2,743.65	52.76	.065		130.65	3.43
ROOM USE	51	63	2,254.88	35.79	.079		44.21	2.82
CROSSOVERS/ALL OTH OUTPINT	42	165	3,094.55	18.75	.207		73.68	3.87
@COUNTY HOSPITAL TOTAL	3	6	\$ 201.69	\$ 33.62	.008	\$	67.23	\$.25
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	6	201.69	33.62	.008	67.23	.25
MEDICAL	1	1	69.18	69.18	.001	69.18	.09
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	40.76	13.59	.004	40.76	.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	91.75	45.88	.003	45.88	.11
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	004 THRU DE	C 2004	PAGE 17,931
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT -	DISABLED	AID CODE	60		
					MON	THLY AVERA	GE
799 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	138	675 \$	142,324.09	\$ 210.85	.845 \$	1031.33	\$ 178.13
COMM HOSP INPATIENT TOTAL	42	67	130,931.70	1954.20	.084	3117.42	163.87
HSC HOSPITALS	10	37	55,666.83	1504.51	.046	5566.68	69.67
NON-HSC HOSPITALS TOTAL	4	30	54,122.50	1804.08	.038	13530.63	67.74
ACCOMMODATIONS	4	30	11,898.62	396.62	.038	2974.66	14.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	30	11,898.62	396.62	.038	2974.66	14.89
ANCILLARIES	4	0	42,223.88	.00	.000	10555.97	52.85
INPATIENT CROSSOVERS	28	0	21,142.37	.00	.000	755.08	26.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	99	608	11,392.39	18.74	.761	115.07	14.26
MEDICAL	20	28	1,239.41	44.26	.035	61.97	1.55
SURGERY	1	1	21.55	21.55	.001	21.55	.03
PATHOLOGY	39	301	2,130.10	7.08	.377	54.62	2.67
DADTOLOGY	0.1	ΕO	2 742 CE	E 2 7 C	0.05	120 CE	2 42

	12	0 /	130,331.70	10	71.20	.001	J 1.	1 / • 12	100.07
HSC HOSPITALS	10	37	55,666.83	150	04.51	.046	55	66.68	69.67
NON-HSC HOSPITALS TOTAL	4	30	54,122.50	180	04.08	.038	135	30.63	67.74
ACCOMMODATIONS	4	30	11,898.62	3.9	96.62	.038	29	74.66	14.89
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	4	30	11,898.62	3.9	96.62	.038	29	74.66	14.89
ANCILLARIES	4	0	42,223.88		.00	.000	105	55.97	52.85
INPATIENT CROSSOVERS	28	0	21,142.37		.00	.000	7	55.08	26.46
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	99	608	11,392.39	-	18.74	.761	1	15.07	14.26
MEDICAL	20	28	1,239.41	4	44.26	.035		61.97	1.55
SURGERY	1	1	21.55	4	21.55	.001		21.55	.03
PATHOLOGY	39	301	2,130.10		7.08	.377	!	54.62	2.67
RADIOLOGY	21	52	2,743.65		52.76	.065	13	30.65	3.43
ROOM USE	50	61	2,163.13	(35.46	.076		43.26	2.71
CROSSOVERS/ALL OTH OUTPTNT	42	165	3,094.55	-	18.75	.207		73.68	3.87
@STATE HOSPITAL	12	366	\$ 257,116.68	\$ 70	02.50	.458	\$ 2142	26.39	\$ 321.80
MENTALLY ILL	0	0	.00		.00	.000		.00	.00
DEVELOP. DISABLED	12	366	257,116.68		02.50	.458		26.39	321.80
@NURSING FACILITY	61	1,388	\$ 191,210.00	\$ 13	37.76	1.737	\$ 313	34.59	\$ 239.31
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	.00
LEV B-REHAB MD	34	1,135	142,238.20	12	25.32	1.421	41	33.48	178.02
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	2	28	16,209.99	5	78.93	.035	81	05.00	20.29
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
LEV B-REGULAR	25	225	32 , 761.81	14	45.61	.282	13:	10.47	41.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00	.00
ICF DD	0	0	.00		.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	5	42	\$ 2,516.23	\$!	59.91	.053	\$ 50	03.25	\$ 3.15
HOSPITAL BASED	0	0	.00		.00	.000		.00	.00
HEMODIALYSIS CENTER	5	42	2,516.23	1	59.91	.053	50	03.25	3.15

0.0000		4.0	<u> </u>	005 66	<u> </u>	10 07	0.61	3 147 61	<u> </u>	1 11
GREHABILITATION FACILITY	6	49	\$	885.66	\$	18.07	.061			1.11
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	<u>_</u>	2		138.33		69.17	.003	138.33		.17
INDEPENDENT FACILITY	5	47		747.33		15.90	.059	149.47		.94
@LABORATORY FACILITY	74	257	\$	2,621.13		10.20		\$ 35.42	Ş	
PATHOLOGY	7 4 0	257		2,621.13		10.20	.322			3.28
XO AND OTHERS	0	257 0		.00		.00	.000			.00
@ORGANIZED OUTPATIENT CLINIC	148	495	\$	39,093.44			.620			
CLINIC	۲/	320		6,345.85		19.83	.401			7.94
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0 0 111	175		32,747.59		187.13	.219	295.02		40.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	JRES I			FOR JAN 2			PI	AGE 17,932
										03/14/05
YOLO COUNTY	SUMMARY OF SERV	TCES FOR CASH (RANT	- DISABLED		AID CODE	60			, ,
1010 000111	BOILING OF BLICE		5111111	DIGNEED		TILD CODE	MOI	NTHLY AVERA	GE -	
MOP024 YOLO COUNTY 799 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	HSERS	IINTTS OF SERVIC	TE.	EXPENDITURES	Δ1/F	RAGE COST	INTTS/DAYS			COST PER
799 111011110	OBLIND	OP DAVE OF CAL		EMILINDITORED	DEL	V V U TUINIT CODI	PER ELIG	USER		ELIGIBLE
ANTI OTHER PROMITERS	2 552	52 000	\L \L	063 470 44	¢ EEI	10 15	EEV ETIG	\$ 377.54		
BUDABLE MED HOULD	2,332	33,000	Ą	1,000,50	Ą	10.13	00.443	107.00	Ą	1 20
DURABLE MED. EQUIP.	8	14		1,022.52 .00 .00 4,134.87 3,452.20		/3.04	.018	127.82		1.28
BLOOD BANK	U	U		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00 159.03 172.61		.00
MEDICAL TRANSPORTATION	26	371		4,134.87		11.15	.464	159.03		5.18
AMBULANCES/AIR TRANS	20	348		3,452.20		9.92	.436	172.61		4.32
OTHER TRANS	5	330		748.61		2.27	.413	149.72		.94
OTHER SERVICES	1	307CF	3	65.940	CR	.21	.384CR	65.94C	R	.08CR
ACUPUNCTURE	1	1		16.22		16.22	.001	16.22		.02
ADULT DAY HEALTH CARE CTR	385	5,581		388,412.98		69.60	.001	16.22 1008.86		486.12
GENETIC DISEASE TESTING	2	2		210.00		105.00	.003 15.184 .000	105.00		.26
THMC_MODEL-NF_NF_AIDS_MSSP	86	12.132		356-995 74		29 43	15 184	4151 11		446.80
OCCUPATIONAL THEDAPTET	0	12,132		00,000.71		00	000	00		.00
ODDICIAN	007	2 060		21 502 50		10 20	2 500	22 71		26.91
OFITCIAN	907	2,069		21,302.39		10.39	2.589	23.71		20.91
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	3	9		63.02		7.00	.011	21.01		.08
PROSTHETIST/ORTHOTISTS	3	4		254.88 254.88		63.72	.005	84.96 84.96		.32
PROSTHETICS	3	4		254.88		63.72	.005			
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	19	25		.00 1,283.06		JI.JZ	.031	67.53		1.61
SPEECH AND AUDIOLOGY	2	2		45.26		22.63	.003	22.63		.06
HOSPICE SERVICES	2	48		5,453.76		113.62 .00	.060	2726.88		6.83
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	1,103	15,779		134,033.28		8.49	19.748	121.52		167.75
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**	15	1,648		.00 134,033.28 46,552.45		28.25	19.748 2.063	3103.50		167.75 58.26
RESPIRATORY CARE PRACT.	0	_, 0		.00		.00	.000	.00		.00
PED SUBACUTE REHAR/WEANING	0	0		.00		.00	.000			.00
ALL OTHER PROVIDERS	28	15 403		3,489.81		23	19.278	124 64		4.37
@CALIF. CHILDREN SERVICES*	27	250	Ċ	6,496.83				\$ 240.62		8.13
@XOVER EXCLUDING STATE HOSP**	2.40	339	ې د	39,606.98						
GAOVER EXCLUDING STATE HOSP	240	/56	ې 	39,606.96	Ą	32.39	.946	7 100.00	Ą	49.37
9				<i>,</i>						
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I										
#CALIF DEPT OF HEALTH SERV			JRES 1	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU DI	EC 2004	PF	AGE 17,933
MOP024	FEE-FOR-SERVICE	C/DENTAL								03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR CGF 30)-33	35 40 42 3A-3M 3P	3R 3t	J 3W 4C-4G				
							MOI	NTHLY AVERA	GE -	
3,779 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
·		OR DAYS OF CAR					PER ELIG	USER	F	ELIGIBLE
							_			

@TOTAL, ALL PROVIDERS	11,749	85,029	\$	1,560,846.25	\$	18.36	22.500	Ś	132.85	Ś	413.03
@PHYSICIANS SERVICES	755	1,609	\$	65,597.43		40.77	.426		86.88		17.36
OUTPATIENT VISITS	613	844		27,561.98		32.66	.223		44.96		7.29
OFFICE VISITS	489	605		18,816.15		31.10	.160		38.48		4.98
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	101	103		5,291.94		51.38	.027		52.40		1.40
PREVENTIVE CARE	6	6		324.02		54.00	.002		54.00		.09
OB VISITS/COMPRE PERI	12	75		1,569.95		20.93	.020		130.83		.42
OTHER OUTPATIENT	43	55		1,559.92		28.36	.015		36.28		.41
INPATIENT VISITS	30	114		8,127.72		71.30	.030		270.92		2.15
HOSPITAL VISITS	25	81		3,860.79		47.66	.021		154.43		1.02
CRITICAL CARE	7	33		4,266.93		129.30	.009		609.56		1.13
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	9	10		437.22		43.72	.003		48.58		.12
EXAMINATIONS	0	10		437.22		43.72	.003		48.58		.12
SERVICES AND MATERIALS	18			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	18	143		12,556.65		87.81 214.69	.038		697.59 736.08		3.32 2.73
PRINCIPAL SURGEON	1	48		10,305.12 121.61		121.61	.013		121.61		.03
ASSISTANT SURGEON	7	94		2,129.92		22.66	.025		304.27		.56
ANESTHESIOLOGIST OUTPATIENT SURGERY	48	95		5,876.16		61.85	.025		122.42		1.55
PRINCIPAL SURGEON	38	42		4,348.96		103.55	.023		114.45		1.15
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	11	53		1,527.20		28.82	.014		138.84		.40
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	63	101		1,500.01		14.85	.027		23.81		.40
RADIOLOGY	105	191		5,784.45		30.29	.051		55.09		1.53
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		70.30		35.15	.001		35.15		.02
OTHER SERVICES/ALL X-OVERS	60	109		3,682.94		33.79	.029		61.38		.97
@PHARMACY	1,349	6,836	\$	283,762.52	\$		1.809	Ś		Ś	75.09
PRESCRIPTION DRUGS	1,340	2,909	т	277,134.84	т	95.27	.770	т	206.82	Τ	73.34
SNF/ICF	4	2,303		2,505.15		417.53	.002		626.29		.66
OUTPATIENTS	1,340	2,903		274,629.69		94.60	.768		204.95		72.67
MEDICAL SUPPLIES	45	3,927		6,627.68		1.69	1.039		147.28		1.75
@DENTIST	4,989	26,363	\$	744,465.35			6.976	\$	149.22	\$	197.00
VISITS - DIAGNOSTIC	3,714	18,851		247,006.90		13.10	4.988		66.51		65.36
ORAL SURGERY	571	1,123		56,857.00		50.63	.297		99.57		15.05
DRUGS	36	37		850.00		22.97	.010		23.61		.22
ANESTHESIA	3	3		200.00		66.67	.001		66.67		.05
PERIODONTICS	168	174		15,329.00		88.10	.046		91.24		4.06
ENDODONTICS	445	782		127,831.25		163.47	.207		287.26		33.83
RESTORATIVE DENTISTRY	1,743	4,801		258,897.85		53.93	1.270		148.54		68.51
PROSTHETICS	11	12		382.50		31.88	.003		34.77		.10
DENTURES, STAYPLATES	53	211		16,941.76		80.29	.056		319.66		4.48
SPACE MAINTAINERS	32	42		4,323.00		102.93	.011		135.09		1.14
MAXILLOFACIAL SERVICES	10	10		826.09		82.61	.003		82.61		.22
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	159	194		14,195.00		73.17	.051		89.28		3.76
ALL OTHER SERVICES	110	123		825.00		6.71	.033		7.50		.22
#CALIF DEPT OF HEALTH SERV		4	RES M	IONTH-OF-PAYMENT F	REPOR'	T FOR JAN	2004 THRU	DEC	2004	PA	AGE 17,934
MOP024	FEE-FOR-SERVICE				_						03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR CGF 30	-33 3	35 40 42 3A-3M 3P	3R 31	U 3W 4C-40				~-	
2 770 7			_				M				
3,779 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			T UNITS/DAY				COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@OPTOMETRIST	124	328	\$	6,800.84	\$	20.73	.087	Ş	54.85	Ş	1.80
DIAGNOSTIC AND ANC. PROCED	73	75		3,132.88		41.77	.020		42.92		.83
EYE APPLIANCES	99	252		3,655.96		14.51	.067		36.93		.97
OTHER OPTOMETRIC SERVICES	1	1		12.00		12.00	.000		12.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	114.77	\$	38.26	.001	\$	38.26	\$.03
MEDICINE/INJECTIONS	3	3		114.77		38.26	.001		38.26		.03
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4	7	\$	434.56	\$	62.08	.002	Ś	108.64	Ś	.11
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	Ö	Ś	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	Ö	Ś	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	18	¢	265.38	\$.005	\$	37.91		.07
@TOTAL HOSPITAL	368	1,067	ć	162,322.89		152.13	.282	\$	441.09		42.95
HOSP INPATIENT TOTAL	20	92	۲	132,657.86	۲	1441.93	.024	ې	6632.89	Ą	35.10
	12	32									
HSC HOSPITALS				45,127.03		1410.22	.008		3760.59		11.94
NON-HSC HOSPITAL TOTAL	8	60		87,530.83		1458.85	.016		10941.35		23.16
ACCOMMODATIONS	8	60		39,860.30		664.34	.016		4982.54		10.55
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	60		39,860.30		664.34	.016		4982.54		10.55
ANCILLARIES	8	0		47,670.53		.00	.000		5958.82		12.61
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	354	975		29,665.03		30.43	.258		83.80		7.85
MEDICAL	66	84		3,105.78		36.97	.022		47.06		.82
SURGERY	25	30		1,418.25		47.28	.008		56.73		.38
PATHOLOGY	105	331		3,880.62		11.72	.088		36.96		1.03
RADIOLOGY	68	86		5,876.71		68.33	.023		86.42		1.56
ROOM USE	198	244		9,706.84		39.78	.065		49.02		2.57
CROSSOVERS/ALL OTH OUTPTNT	128	200		5,676.83		28.38	.053		44.35		1.50
@COUNTY HOSPITAL TOTAL	15	44	\$	1,488.75	\$	33.84	.012	\$	99.25	\$.39
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	15	44		1,488.75		33.84	.012		99.25		.39
MEDICAL SURGERY	15	16		429.02 105.93		26.81	.004		28.60		.11
	2	2				52.97	.001		52.97		.03
PATHOLOGY	4	4		40.19		10.05	.001		10.05		.01
RADIOLOGY	2	2		63.57		31.79	.001		31.79		.02
ROOM USE	15	19		842.49		44.34	.005		56.17		.22
CROSSOVERS/ALL OTH OUTPTNT	1	1		7.55		7.55	.000		7.55		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES 1	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN 200)4 THRU	DEC	2004	PA	GE 17,935
MOP024	FEE-FOR-SERVICE/DENT										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33 3	35 40 42 3A-3M 3P 3	3R 3	U 3W 4C-4G					

3,779 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		S COST PER	C	OST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	_	USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	354	1,023	\$	160,834.14	\$ 157.22	.271	•	\$	42.56
COMM HOSP INPATIENT TOTAL	20	92		132,657.86	1441.93	.024	6632.89		35.10
HSC HOSPITALS	12	32		45,127.03	1410.22	.008	3760.59		11.94
NON-HSC HOSPITALS TOTAL	8	60		87,530.83	1458.85	.016	10941.35		23.16
ACCOMMODATIONS	8	60		39,860.30	664.34	.016	4982.54		10.55
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	8	60		39,860.30	664.34	.016	4982.54		10.55
ANCILLARIES	8	0		47,670.53	.00	.000	5958.82		12.61
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	340	931		28,176.28	30.26	.246	82.87		7.46
MEDICAL	51	68		2,676.76	39.36	.018	52.49		.71
SURGERY	23	28		1,312.32	46.87	.007	57.06		.35
PATHOLOGY	101	327		3,840.43	11.74	.087	38.02		1.02
RADIOLOGY	66	84		5,813.14	69.20	.022	88.08		1.54
ROOM USE	184	225		8,864.35	39.40	.060	48.18		2.35
CROSSOVERS/ALL OTH OUTPINT	127	199		5,669.28	28.49	.053	44.64		1.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	16	102	\$	2,087.61	\$	20.47	.027	\$	130.48	\$.55
HOSPITAL BASED	6	52		1,256.69		24.17	.014		209.45		.33
INDEPENDENT FACILITY	10	50		830.92		16.62	.013		83.09		.22
@LABORATORY FACILITY	120	303	\$	3,879.98	\$	12.81	.080	\$	32.33	\$	1.03
PATHOLOGY	120	303		3,879.98		12.81	.080		32.33		1.03
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	485	791	\$	94,122.97	\$	118.99	.209	\$	194.07	\$	24.91
CLINIC	32	104		1,900.40		18.27	.028		59.39		.50
SURGICENTER	5	29		1,017.10		35.07	.008		203.42		.27
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	448	658		91,205.47		138.61	.174		203.58		24.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 17,936
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
YOLO COUNTY	SUMMARY OF SERVICES F	OR CGF 30	-33	35 40 42 3A-3M 3P	3R 3U	J 3W 4C-4G					

----- MONTHLY AVERAGE -----

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 3,779 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5,093 196,991.95 \$ 4.14 12.596 \$ @ALL OTHER PROVIDERS 47,602 38.68 \$ 52.13 DURABLE MED. EQUIP. 20 51 14,281.71 280.03 .013 714.09 3.78 .00 BLOOD BANK .00 .00 .000 0 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 00 .00 .00 .000 .00 .000 .00 .000 .00 .010 .000 295 2,915.91 9.88 121.50 MEDICAL TRANSPORTATION .078 295 121.50 AMBULANCES/AIR TRANS 2,915.91 OTHER TRANS 0 .00 .00 .00 OTHER SERVICES .00 .00 .00 ACUPUNCTURE .00 .00 .00 .00 4,095.00 105.00 ADULT DAY HEALTH CARE CTR 0 .00 .00 39 GENETIC DISEASE TESTING 105.00 1.08 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 12,805.46 .389 OPTICIAN 692 1,471 8.71 18.51 3.39 0 .00 .00 .00 PHYSICAL THERAPIST .000 .00 .000 .00 PORTABLE X-RAY .00 .00 PROSTHETIST/ORTHOTISTS 47.08 47.08 .000 47.08 .01 47.08 47.08 47.08 PROSTHETICS .000 0 .00 .00 .000 .00 ORTHOTICS .00 24 PSYCHOLOGIST 1,300.83 54.20 .006 144.54 .34 41.26 536.39 536.39 .003 SPEECH AND AUDIOLOGY HOSPICE SERVICES .00 .00 .000 .00 .00 0 15,911 .00 0 .00 NONINST BIRTHING CENTERS 0 .00 .000 .00 154,909.18 9.74 4.210 LOCAL EDUCATION AGENCIES 35.71 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. Ω .00 .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 29,797 6,100.39 ALL OTHER PROVIDERS 38 .20 7.885 160.54 1.61 @CALIF. CHILDREN SERVICES* 80,306.94 .00 80,306.94 \$ 102.30 .208 \$ 1198.61 \$ 21.25 @XOVER EXCLUDING STATE HOSP** .00 .000 \$.00 \$

 $^{{\}tt @*}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,937 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

YOLO COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT -	- TOTAL				~=
							GE
4,697 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24,426	198 , 202 \$	7,312,513.15	\$ 36.89	42.198	299.37	\$ 1556.85
@PHYSICIANS SERVICES	1,173	2 , 642 \$	97 , 891.76	\$ 37.05	.562	83.45	\$ 20.84
OUTPATIENT VISITS	740	999	33,847.95	33.88	.213	45.74	7.21
OFFICE VISITS	572	703	22,375.59	31.83	.150	39.12	4.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	129	141	7,340.86	52.06	.030	56.91	1.56
PREVENTIVE CARE	6	6	324.02	54.00	.001	54.00	.07
OB VISITS/COMPRE PERI	14	77	1,749.43	22.72	.016	124.96	.37
OTHER OUTPATIENT	58	72	2,058.05	28.58	.015	35.48	.44
INPATIENT VISITS	79	246	12,931.54	52.57	.052	163.69	2.75
HOSPITAL VISITS	48	145	6,348.04	43.78	.032	132.25	1.35
	11	40	4,870.93				1.04
CRITICAL CARE	26			121.77	.009	442.81	
SNF/ICF/TRANS IP CARE		61	1,712.57	28.07	.013	65.87	.36
OPHTHALMOLOGICAL SERVICES	15	17	686.70	40.39	.004	45.78	.15
EXAMINATIONS	15	17	686.70	40.39	.004	45.78	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	174	15,853.19	91.11	.037	587.16	3.38
PRINCIPAL SURGEON	20	54	12,823.36	237.47	.011	641.17	2.73
ASSISTANT SURGEON	2	2	222.88	111.44	.000	111.44	.05
ANESTHESIOLOGIST	10	118	2,806.95	23.79	.025	280.70	.60
OUTPATIENT SURGERY	62	121	9,003.15	74.41	.026	145.21	1.92
PRINCIPAL SURGEON	51	57	7,151.52	125.47	.012	140.23	1.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	64	1,851.63	28.93	.014	142.43	.39
DIALYSIS	1	1	225.04	225.04	.000	225.04	.05
PATHOLOGY	76	124	1,870.77	15.09	.026	24.62	.40
RADIOLOGY	159	283	9,652.33	34.11	.060	60.71	2.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	43	441.27	10.26	.009	44.13	.09
OTHER SERVICES/ALL X-OVERS	280	634	13,379.82	21.10	.135	47.79	2.85
@PHARMACY	7,584	32 , 721 \$	3,180,219.47	\$ 97.19	6.966		
PRESCRIPTION DRUGS	7,547	17,930	3,159,304.35	176.20	3.817	418.62	672.62
SNF/ICF	505	1,853	321,869.10	173.70	.395	637.36	68.53
OUTPATIENTS	7,103	16,077	2,837,435.25	176.49	3.423	399.47	604.10
MEDICAL SUPPLIES	121	14,791	20,915.12	1.41	3.149	172.85	4.45
@DENTIST	8,506	42,834 \$	1,343,167.26	\$ 31.36	9.119		
VISITS - DIAGNOSTIC	6,033	29,780	364,041.82	12.22	6.340	60.34	77.51
ORAL SURGERY	1,131	2,464	123,133.75	49.97	.525	108.87	26.22
	37	38	875.00	23.03	.008	23.65	.19
DRUGS	3 / 4	5					
ANESTHESIA	-		300.00	60.00	.001	75.00	.06
PERIODONTICS	496	537	49,942.60	93.00	.114	100.69	10.63
ENDODONTICS	684	1,169	212,247.25	181.56	.249	310.30	45.19
RESTORATIVE DENTISTRY	2,573	6,789	403,537.45	59.44	1.445	156.84	85.91
PROSTHETICS	81	93	2,572.50	27.66	.020	31.76	.55
DENTURES, STAYPLATES	504	1,512	165,477.80	109.44	.322	328.33	35.23
SPACE MAINTAINERS	36	52	4,803.00	92.37	.011	133.42	1.02
MAXILLOFACIAL SERVICES	10	10	826.09	82.61	.002	82.61	.18
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	165	200	14,510.00	72.55	.043	87.94	3.09
ALL OTHER SERVICES	173	185	900.00	4.86	.039	5.20	.19

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,938 MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

4,697 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST			.nli Avera Cost per	.GE	COST PER
4,007 EDIGIDDES		OR DAYS OF CARE		EXTENDITORES		R UNIT/DAY					ELIGIBLE
@OPTOMETRIST	231		\$	12,457.57	\$.133				
DIAGNOSTIC AND ANC. PROCED	106	111	Υ	4,560.79	٧	41.09	.024	Υ	43.03	Υ	.97
EYE APPLIANCES	106 192	503		7,707.79		15.32	.107		40.14		1.64
OTHER OPTOMETRIC SERVICES	6	13		188.99		14.54	.003		31.50		.04
@CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	1		\$		\$.000	Ś	33.44	Ś	.01
VISITS	1	2	т	33.44	т	16.72	.000	т	33.44	Τ.	.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	11		\$		\$.004	Ś	42.21	Ś	.10
MEDICINE/INJECTIONS	7	8	т	302.67	т	37.83	.002	т	43.24	Τ.	.06
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.01
OTHER	4	8		127.04		15.88	.002		31.76		.03
OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	11	543	Ś		\$			Ś	1543.84	Ś	3.62
NURSE ANESTHESIST	0	0	Š		\$.00	.000	Š	.00		.00
		0	Ś	.00		.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0 10 518 65	0	Š	.00		.00	.000	Š	.00		.00
FAMILY NURSE PRACTITIONER	1.0	23	Ś	337 23	Ś	14.66	.005		33.72	Ś	.07
@TOTAL HOSPITAL	518	1,791	Š	314,275.87	Ś	175 48	.381		606.71	Š	66.91
HOSP INPATIENT TOTAL	65	168	т	272,447.04		1621.71	.036	т	4191.49	Τ.	58.00
HSC HOSPITALS	24	78		109,651.34		1405 79	.017		4568.81		23.34
NON-HSC HOSPITAL TOTAL	12	90		141,653.33		1573 93	.019		11804.44		30.16
ACCOMMODATIONS	12	90		51,758.92		1405.79 1573.93 575.10	.019		4313.24		11.02
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0					.000		.00		.00
ALL OTHER ACCOM	12 12	90		51,758.92		.00 575.10 .00			4313 24		11.02
ANCILLARIES	12	0		89.894.41		.00	.000		7491.20 729.05		19.14
INPATTENT CROSSOVERS	29	n		21,142.37		.00	.000		729.05		4.50
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0 462 87 26	0 1,623		51,758.92 89,894.41 21,142.37 .00 41,828.83 4,414.37 1,439.80 6,087.76 8,620.36 12,031.98 9,234.56 1,690.44 .00 .00 .00 .00		25.77	.346		90.54		8.91
MEDICAL	87	113		4,414.37		39.07	.024		50.74		.94
SURGERY	26	31		1,439.80		46.45	.007		55.38		.31
PATHOLOGY	146	639		6,087.76		9.53	.136		41.70		1.30
RADIOLOGY	89	138		8,620.36		62.47	.029		96.86		1.84
ROOM USE	250	309		12,031.98		38.94	.066		48.13		2.56
CROSSOVERS/ALL OTH OUTPTNT	176	393		9,234.56		23.50	.084		52.47		1.97
@COUNTY HOSPITAL TOTAL	18	50	\$	1,690.44	\$	33.81	.011	\$	93.91	\$.36
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0 18 16	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	18	50		1,690.44		33.81	.011		93.91		.36
MEDICAL	16	17		498.20		29.31	.004		31.14		.11
SURGERY	2	2		105.93		52.97	.000		52.97		.02
PATHOLOGY	5	7		80.95		11.56	.001		16.19		.02

03/14/05

----- MONTHLY AVERAGE -----

2 2 RADIOLOGY 63.57 31.79 .000 31.79 .01 17 21 ROOM USE 934.24 44.49 .004 54.96 .20 .00 CROSSOVERS/ALL OTH OUTPINT 1 1 7.55 7.55 .000 7.55 PAGE 17,939

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

MOP024

IOLO COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT	r - TOTAL				~-	
4 607 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					MON			
4,697 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
	502	OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
		1,741 \$	312,585.43	\$ 179.54	.371 \$		Ş	66.55
COMM HOSP INPATIENT TOTAL	65	168	272,447.04	1621.71	.036	4191.49		58.00
HSC HOSPITALS	24	78	109,651.34	1405.79	.017	4568.81		23.34
NON-HSC HOSPITALS TOTAL	12	90	141,653.33	1573.93	.019	11804.44		30.16
ACCOMMODATIONS	12	90	51,758.92	575.10	.019	4313.24		11.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	12	90	51,758.92	575.10	.019	4313.24		11.02
ANCILLARIES	12 12	0	89,894.41	.00	.000	7491.20		19.14
INPATIENT CROSSOVERS	29	0	21,142.37	.00	.000	729.05		4.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	446	1,573	40,138.39	25.52	.335	90.00		8.55
MEDICAL	71	96	3,916.17	40.79	.020	55.16		.83
SURGERY	2.4	29	1,333.87	46.00	.006	55.58		.28
PATHOLOGY	141	632	6,006.81	9.50	.135	42.60		1.28
RADIOLOGY	87	136	8,556.79	62.92	.029	98.35		1.82
ROOM USE	235	288	11,097.74	38.53	.061	47.22		2.36
CROSSOVERS/ALL OTH OUTPINT		392	9,227.01	23.54	.083	52.73		1.96
COMPAND HOODEN	1 /	428 \$	288,618.25	\$ 674.34		20615.59	Ċ	61.45
MENTALLY ILL	14 0 14 66 0 34	428 7	.00	.00	.000	.00	۲	.00
DEVELOP. DISABLED	1 /	428	288,618.25	674.34	.091	20615.59		61.45
ONUDGING ENGILED	14	1,430 \$	195,084.30	\$ 136.42		2955.82	ċ	41.53
@NURSING FACILITY	00	1,430 Ş		.00			Ą	.00
LEV A-INTERMEDIATE	2.4	_	.00		.000	.00		
	~ -	1,135	142,238.20	125.32	.242	4183.48		30.28
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	2	28	16,209.99	578.93	.006	8105.00		3.45
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	30	267	36,636.11	137.21	.057	1221.20		7.80
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	7	44 \$	3 , 806.37	\$ 86.51	.009 \$		\$.81
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	7 22	44	3,806.37	86.51	.009	543.77		.81
@REHABILITATION FACILITY	22	151 \$	2,973.27	\$ 19.69	.032 \$		\$.63
HOSPITAL BASED	7	54	1,395.02	25.83	.011	199.29		.30
INDEPENDENT FACILITY	15	97	1,578.25	16.27	.021	105.22		.34
@LABORATORY FACILITY	195	565 \$	6,532.97	\$ 11.56	.120 \$	33.50	\$	1.39
PATHOLOGY	195	565	6,532.97	11.56	.120	33.50		1.39
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	675	1,343 \$	142,597.30	\$ 106.18	.286 \$		Ś	30.36
CLINIC	69	424	8,246.25	19.45	.090	119.51	'	1.76
SURGICENTER	5	29	1,017.10	35.07	.006	203.42		.22
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	601	890	133,333.95	149.81	.189	221.85		28.39
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					D:	AGE 17,940
"CULT DELI OF HERDIN SEKV	THE CAL SERVIC	STO THE EXTERNET ONES	MONTH OF TATHENT IN	LICKI FOR OAN .	COOT THING DE	C 2007	T. Z	701 11,740

03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL YOLO COUNTY

TOLO COUNTI	SOUTHAIL OF SELV	VICES FOR CASH GRANT	IOIAL				
					MON	THLY AVERAGE	
4,697 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8 , 592	113,040 \$	1,707,071.50	\$ 15.10	24.066 \$	198.68 \$	363.44
DURABLE MED. EQUIP.	29	90	16,927.37	188.08	.019	583.70	3.60
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	54	1,631	8,814.82	5.40	.347	163.24	1.88
AMBULANCES/AIR TRANS	45	644	6,475.27	10.05	.137	143.89	1.38
OTHER TRANS	7	1,290	2,372.66	1.84	.275	338.95	.51
OTHER SERVICES	2	303CR	33.11CR	.11	.065CR	16.56CR	.01CR
ACUPUNCTURE	1	1	16.22	16.22	.000	16.22	.00
ADULT DAY HEALTH CARE CTR	988	12,800	890,853.68	69.60	2.725	901.67	189.66
GENETIC DISEASE TESTING	42	42	4,410.00	105.00	.009	105.00	.94
IHMC, MODEL-NF, NF, AIDS, MSSP	125	12,333	371,265.22	30.10	2.626	2970.12	79.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,895	4,217	41,570.36	9.86	.898	21.94	8.85
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	12	64.14	5.35	.003	16.04	.01
PROSTHETIST/ORTHOTISTS	5	7	380.82	54.40	.001	76.16	.08
PROSTHETICS	5	7	380.82	54.40	.001	76.16	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	28	49	2,583.89	52.73	.010	92.28	.55
SPEECH AND AUDIOLOGY	3	15	581.65	38.78	.003	193.88	.12
HOSPICE SERVICES	2	48	5 , 453.76	113.62	.010	2726.88	1.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,448	32,044	290,278.21	9.06	6.822	53.28	61.80
EPSDT SUPPLEMENTAL SERVICE	19	2,234	63 , 786.71	28.55	.476	3357.20	13.58
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	73	47,517	10,084.65	.21	10.116	138.15	2.15
@CALIF. CHILDREN SERVICES*	94	1,144	\$ 86,803.77	\$ 75.88	.244 \$	923.44 \$	18.48
@XOVER EXCLUDING STATE HOSP**	274	849	\$ 41,286.31	\$ 48.63	.181 \$	150.68 \$	8.79

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,941 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOPU24	FEE-FOR-SERVIC										03/14/05
YOLO COUNTY	SUMMARY OF SER	JICES FOR	185% PI	ROGRAM	- INFANTS	AID	CODES 47				
								MON	ITHLY AVERA	ΔGE	
51 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CAR	E		PER		PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	36		109	\$	3,880.42	\$	35.60	2.137	107.79	\$	76.09
@PHYSICIANS SERVICES	2		2	\$	66.18	\$	33.09	.039	33.09	\$	1.30
OUTPATIENT VISITS	1		1		26.18		26.18	.020	26.18		.51
OFFICE VISITS	1		1		26.18		26.18	.020	26.18		.51
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
	0		0		.00			.000	.00		
OPHTHALMOLOGICAL SERVICES	0		-				.00				.00
EXAMINATIONS	•		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
DIALYSIS	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1		1		40.00		40.00	.020	40.00		.78
@PHARMACY	5		8	\$	1,069.63	\$	133.70	.157	213.93	\$	20.97
PRESCRIPTION DRUGS	3		3	·	25.60		8.53	.059	8.53		.50
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	3		3		25.60		8.53	.059	8.53		.50
MEDICAL SUPPLIES	2		5		1,044.03		208.81	.098	522.02		20.47
@DENTIST	2		2	\$	50.00	Ś	25.00	.039		\$.98
VISITS - DIAGNOSTIC	2		2	Y	50.00	٧	25.00	.039	25.00	Y	.98
ORAL SURGERY	0		0		.00		.00	.000	.00		.00
DRUGS	0		0		.00		.00	.000	.00		.00
	0		0								
ANESTHESIA	0				.00		.00	.000	.00		.00
PERIODONTICS	•		0		.00		.00	.000	.00		.00
ENDODONTICS	0		0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000	.00		.00
PROSTHETICS	0		0		.00		.00	.000	.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 20	04 THRU DEC	2004	PAGE 17,942
MOP024	FEE-FOR-SERVICE/DENT	PAL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR 185% PROGRA	M - INFANTS AID	CODES 47 6	59		

YOLO COUNTY	SUMMARY OF SERVICES FOR	R 1	.85% PRO	GRAM -	INFANTS	ΑI	D CODES 47	69				00, 11, 00
								M	ON:	THLY AVERA	GΕ	
51 ELIGIBLES	USERS UNITS (OF S	SERVICE		EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAY	YS O	F CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	2		2	\$	75.93	\$	37.97	.039	\$	37.97	\$	1.49
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		2		75.93		37.97	.039		37.97		1.49
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0		2		75.93		.00 37.97	.000		37.97		1.49
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	ċ	.00	ċ	.00
CO HOSPITAL INPATIENT TOTAL	0		0	ې	.00	Ą	.00	.000	ې	.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
111.01111111110	Ŭ		J		.00		• • • •	• 0 0 0		• 5 0		• • • •

					2.2		0.0	0.00		0.0		0.0
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	U		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		SENDITOR	RES MON'	TH-OF-PAYMENT RE	SPORT FOR	K JAN 2	2004 THRU	DEC	2004	Ρ.	AGE 17,943
MOP024	FEE-FOR-SERVICE/DE		1050 55		T11=11=0	3.75 00.		60				03/14/05
YOLO COUNTY	SUMMARY OF SERVICE	ES FOR	185% PF	ROGRAM ·	- INFANTS	AID COI	DES 4/				C.E.	
F1	HODDO		OFFIT OF	,		31700301				HLY AVERA		
51 ELIGIBLES			SERVICE		EXPENDITURES			UNITS/DAY				COST PER
000000000000000000000000000000000000000		DR DAYS	OF CARE		75.00			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		2	\$	75.93	\$ 3	7.97	.039	Ş	37.97	\$	1.49
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	U		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	U		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	0.5	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2		2		75.93	3	7.97	.039		37.97		1.49
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2		2	_	75.93		7.97	.039	_	37.97	_	1.49
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	U		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0	<u> </u>	.00	<u> </u>	.00	.000	<u>~</u>	.00	~	.00
@REHABILITATION FACILITY	Ü		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	U		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0	ć	.00	Ċ	.00	.000	ć	.00	Ċ	.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	15	22 \$	1,304.84	\$ 59.31	.431 \$	86.99	\$	25.59
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	15	22	1,304.84	59.31		86.99		25.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON	TH-OF-PAYMENT R	REPORT FOR JAN	2004 THRU DEC	2004	PAG:	E 17,944
MOP024	FEE-FOR-SERVICE	E/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- INFANTS	AID CODES 47	7 69			
					MONT	HLY AVERA	GE	
51 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	EL	IGIBLE
@ALL OTHER PROVIDERS	10	73 \$	1,313.84	\$ 18.00	1.431 \$	131.38	\$	25.76
DURABLE MED. EQUIP.	1	73 \$ 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	658.92	109.82	.118	658.92		12.92
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00				.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 72.77 .00		.00
LOCAL EDUCATION AGENCIES	9	67	.00 654.92	9.77	1.314	72.77		12.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	4	12 \$	1,742.95	\$ 145.25	.235 \$	435.74	\$	34.18
@XOVER EXCLUDING STATE HOSP*	* 0	0 \$.00	\$.00	.000 \$.00	\$.00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	RATE INFORMATION ITEM ON	LY;					
THE AMOUNTS ARE ALREADY IN	NCLUDED IN THE A	PPROPRIATE DETAIL LINES	ABOVE.					
** THESE DATA ARE INCLUDED	IN THE APPROPRIAT	TE DETAIL LINES ABOVE.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON	TH-OF-PAYMENT R	REPORT FOR JAN	2004 THRU DEC	2004	PAG:	E 17,945
MOP024	FEE-FOR-SERVICE	E/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERV	VICES FOR 185% PROGRAM	- PREGNANT A	AID CODES 44 48	3 49			
					MONT	HLY AVERA	GE	
3,845 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		IGIBLE
@TOTAL, ALL PROVIDERS	3,214	21 , 725 \$	1,874,450.25	\$ 86.28	5.650 \$	583.21	\$	487.50
@PHYSICIANS SERVICES	1,463	4,983 \$	274,383.12	\$ 55.06	1.296 \$	187.55	\$	71.36
OUTPATIENT VISITS	722	2,155	64,776.58	30.06	.560	89.72		16.85
OFFICE VISITS	153	187	9,523.50	50.93	.049	62.25		2.48
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	67	73	4,580.78	62.75	.019	68.37		1.19

PREVENTIVE CARE	2	2	86.08		43.04	.00	1	4	3.04	.02
OB VISITS/COMPRE PERI	538	1,891	50,501.35		26.71	. 49	2	9	3.87	13.13
OTHER OUTPATIENT	2	2	84.87		42.44	.00	1	4	2.44	.02
INPATIENT VISITS	123	331	20,794.40		62.82	.08	6	16	9.06	5.41
HOSPITAL VISITS	114	236	10,292.41		43.61	.06	1	9	0.28	2.68
CRITICAL CARE	14	95	10,501.99	1	10.55	.02	:5	75	0.14	2.73
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.00	0		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.00	0		.00	.00
EXAMINATIONS	0	0	.00		.00	.00	0		.00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.00	0		.00	.00
INPATIENT HOSPITAL SURGERY	258	857	123,815.58	1	44.48	.22	:3	47	9.91	32.20
PRINCIPAL SURGEON	138	143	95 , 743.62	6	69.54	.03	7	69	3.79	24.90
ASSISTANT SURGEON	35	35	6,341.01	1	81.17	.00	19	18	1.17	1.65
ANESTHESIOLOGIST	117	679	21,730.95		32.00	.17	7	18	5.73	5.65
OUTPATIENT SURGERY	155	259	14,734.37		56.89	.06	7	9	5.06	3.83
PRINCIPAL SURGEON	141	203	12,592.07		62.03	.05	3	8	9.31	3.27
ASSISTANT SURGEON	0	0	.00		.00	.00	0		.00	.00
ANESTHESIOLOGIST	24	56	2,142.30		38.26	.01	.5	8	9.26	.56
DIALYSIS	0	0	.00		.00	.00	0		.00	.00
PATHOLOGY	295	600	9,619.79		16.03	.15	6	3	2.61	2.50
RADIOLOGY	442	535	34,940.83		65.31	.13	9	7	9.05	9.09
PSYCHIATRY	0	0	.00		.00	.00	0		.00	.00
IMMUNIZATION AND INJECTION	42	97	1,724.83		17.78	.02	:5	4	1.07	.45
OTHER SERVICES/ALL X-OVERS	94	149	3,976.74		26.69	.03	9	4	2.31	1.03
@PHARMACY	634	1 , 177	\$ 30,833.10	\$	26.20	.30	16	\$ 4	8.63	\$ 8.02
PRESCRIPTION DRUGS	612	1,055	21,792.88		20.66	.27	4	3	5.61	5.67
SNF/ICF	0	0	.00		.00	.00	0		.00	.00
OUTPATIENTS	612	1,055	21,792.88		20.66	.27	4	3	5.61	5.67
MEDICAL SUPPLIES	58	122	9,040.22		74.10	.03	2	15	5.87	2.35
@DENTIST	27	95	\$ 1,231.00	\$	12.96	.02	:5	\$ 4	5.59	\$.32
VISITS - DIAGNOSTIC	21	72	582.00		8.08	.01	9	2	7.71	.15
ORAL SURGERY	1	1	.00		.00	.00	0		.00	.00

PRIICO	0	0	0.0	0.0	000	0.0	0.0
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	7	10	578.00	57.80	.003	82.57	.15
ENDODONTICS	3	3	71.00	23.67	.001	23.67	.02
RESTORATIVE DENTISTRY	1	6	.00	.00	.002	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0					
SPACE MAINTAINERS	· ·	~	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MONT					PAGE 17,946
MOP024				di Oiki i Oik Oilik	2001 1111(O DI	10 2001	
	FEE-FOR-SERVICE			11 10	4.0		03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM -	- PREGNAN'I' Al	ID CODES 44 48			
					MOI	NTHLY AVERA	GE
3,845 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
	•						
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY/ANES.	U	~	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	O	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	23	28 \$	1,872.43	\$ 66.87	.007	81.41	\$.49
NURSE ANESTHESIST	3	12 \$	314.70	\$ 26.23	.003	104.90	\$.08
NURSE MIDWIFE	0	0 \$.00	\$.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	· ·	0 \$.00	\$.00	.000		\$.00
	0						
FAMILY NURSE PRACTITIONER	-	0 \$.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	889	4,216 \$		\$ 302.46	1.096		
HOSP INPATIENT TOTAL	287	1,084	1,208,550.77	1114.90	.282	4210.98	314.32
HSC HOSPITALS	50	227	336,267.50	1481.35	.059	6725.35	87.46
NON-HSC HOSPITAL TOTAL	238	857	872,283.27	1017.83	.223	3665.06	226.86
ACCOMMODATIONS	237	857	282,681.00	329.85	.223	1192.75	73.52
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE							
ALL OTHER ACCOM	237	857	282,681.00	329.85	.223	1192.75	73.52
ANCILLARIES	238	0	589 , 602.27	.00	.000	2477.32	153.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	762	3,132	66,608.59	21.27	.815	87.41	17.32
MEDICAL	14	19	979.69	51.56	.005	69.98	.25
SURGERY	148	253	7,239.58	28.61	.066	48.92	1.88
PATHOLOGY	439	1,783	22,929.20	12.86	.464	52.23	5.96
RADIOLOGY	131	154	8,590.21	55.78	.040	65.57	2.23
ROOM USE	308	427	18,343.77	42.96	.111	59.56	4.77
CROSSOVERS/ALL OTH OUTPTNT	263	496	8,526.14	17.19	.129	32.42	2.22
@COUNTY HOSPITAL TOTAL	3	32 \$	888.06	\$ 27.75	.008	296.02	\$.23
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Õ	0	.00	.00	.000	.00	.00
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NON-HSC HOSPITALS TOTAL	0	0		.00		.000		.00		.00
ACCOMMODATIONS	0	•		.00		.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.000 .000		.00		.00
ALL OTHER ACCOM	0	0		.00		.000		.00		.00
ANCILLARIES	0	0		.00		.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	32		888.06		.75 .008		296.02		.23
MEDICAL	0	0		.00		.000		.00		.00
SURGERY	1	2		61.20		.60 .001		61.20		.02
PATHOLOGY	2	18		261.56		.53 .005		130.78		.07
RADIOLOGY	1	2		190.07	95	.04 .001		190.07		.05
ROOM USE	2	6		338.25	56	.38 .002		169.13		.09
CROSSOVERS/ALL OTH OUTPINT	2	4		36.98	9	.25 .001		18.49		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES MON	NTH-OF-PAYMENT R	REPORT FOR	JAN 2004 THRU	DE	C 2004	P	AGE 17,947
MOP024	FEE-FOR-SERVICE	E/DENTAL								03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 185% P	ROGRAM	- PREGNANT A	AID CODES	44 48 49				
								THLY AVERA	-	
3,845 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		COST UNITS/DAY				COST PER
		OR DAYS OF CAR	E			T/DAY PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	886	4,184	\$	1,274,271.30	\$ 304	.56 1.088	\$	1438.23	\$	331.41
COMM HOSP INPATIENT TOTAL	287	1,084		1,208,550.77	1114	.90 .282		4210.98		314.32
HSC HOSPITALS	50	227		336,267.50	1481	.35 .059		6725.35		87.46
NON-HSC HOSPITALS TOTAL	238	857		872,283.27	1017	.83 .223		3665.06		226.86
ACCOMMODATIONS	237	857		282,681.00	1481 1017 329	.85 .223		1192.75		73.52
ADMINISTRATIVE DAYS	0	0		.00		.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		.00		.00
ALL OTHER ACCOM	237	857		282,681.00	329	.85 .223		1192.75		73.52
ANCILLARIES	238	0		589,602.27		.00		2477.32		153.34
INPATIENT CROSSOVERS	0	0		.00		.00		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		.00		.00
COMM HOSP OUTPATIENT TOTAL	759	3,100		65,720.53	21	.20 .806		86.59		17.09
MEDICAL	14	19		979.69	51	.56 .005		69.98		.25
SURGERY	147	251		7,178.38	28	.60 .065		48.83		1.87
PATHOLOGY	437	1,765		22,667.64	12	.84 .459		51.87		5.90
RADIOLOGY	130	152		8,400.14	55	.26 .040		64.62		2.18
ROOM USE	306	421		18,005.52	42	.77 .109		58.84		4.68
CROSSOVERS/ALL OTH OUTPINT	261	492		8,489.16	17	.25 .128		32.53		2.21
@STATE HOSPITAL	0	0	\$.00	\$.00 .000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00		.00		.00
DEVELOP. DISABLED	0	0		.00		.00 .000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00 .000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00 .000		.00		.00
LEV B-REHAB MD	0	0		.00		.00 .000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00 .000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00 .000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00 .000		.00		.00
LEV B-REGULAR	0	0		.00		.00 .000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00 .000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00 .000	•	.00		.00
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HEMODIALYSIS CENTER

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@REHABILITATION FACILITY	1	2	\$	58.82	\$	29.41	.001		.82	\$.02
HOSPITAL BASED	1	2		58.82		29.41	.001		.82		.02
INDEPENDENT FACILITY	0	2 0 1,254		.00		.00	.000		.00		.00
@LABORATORY FACILITY	563	1,254	\$	18,174.58			.326	\$ 32	.28	\$	4.73
PATHOLOGY	563	1,254		18,174.58 .00		14.49	.326		.28		4.73
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	0	9,518 9,467		.00 255,811.58 250,675.38 213.01		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,184	9,518	\$	255,811.58	\$	26.88	2.475		.06	\$	66.53
CLINIC	1 , 159	9,467		250,675.38		26.48	2.462	216	.29		65.20
SURGICENTER	1	8		213.01		26.63	.002	213	.01		.06
HEROIN DETOX CLINIC	0	0					.000		.00		.00
RURAL HEALTH CLINIC	24	43		4,923.19		114.49	.011	205	.13		1.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDIT	URES MO	NTH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU	DEC 2004		PAG	GE 17,948
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERV	JICES FOR 185%	PROGRAN	1 - PREGNANT A	AID CC	DES 44 48	49				
							M	ONTHLY A	VERA	GE	
3,845 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S COST	PER	C	OST PER
		OR DAYS OF CA	RE		PEF	R UNIT/DAY	PER ELIG	USE	R	E	LIGIBLE
@ALL OTHER PROVIDERS	151	440	\$	16,611.56		0.0	.114		.01	\$	4.32
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	19	305		2,707.34		8.88	.079	142	. 49		.70
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	19	304		.00 2,707.34 2,701.82		8.89	.079	142	. 20		.70
OTHER TRANS	1	1		5.52		5.52	.000	5	. 52		.00
OTHER SERVICES	1 0	0		- 00		5.52 .00	.000	142 142 5	. 00		.00
ACUPUNCTURE	Ō	0		0.0		.00	000		00		.00
ADIII.T DAY HEALTH CARE CTR	Ō	0		16,611.56 .00 .00 .00 2,707.34 2,701.82 5.52 .00 .00 .00		.00	000	105	00		.00
GENETIC DISEASE TESTING	130	130		13 650 00		105 00	034	105	00		3.55
THMC MODEL-NE NE AIDS MSSP	130	0		.00		.00	()()()		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	000		.00		.00
OPTICIAN	0	0		.00		.00	000		.00		.00
DHYSTCAI, THERADIST	0	0		.00		.00	.000		.00		.00
PORTABLE Y-RAV	0	0		.00		.00	000		00		.00
PROSTHETIST/ORTHOTISTS	2	5		254.22		50 84	001	127	11		.07
PROSTHETTOS	2	5		254.22		50.84 50.84	001	127	11		.07
ORTHOTICS	0	0		.00		.00			.00		.00
PGVCHOIOCIGT	0	0		.00		.00	.000		.00		.00
CDEECH AND AUDIOLOGY	0	0		.00		.00			.00		.00
UCCDICE CEDVICES	0	0		.00		.00	.000		.00		.00
NONINCE DIDENTING CENTERS	0	0		.00		.00	.000		.00		.00
TOCAL EDUCATION ACENCIES	0	0		.00		.00	.000		.00		.00
EDGDT GUDDIEMENTAL GEDVICE	0	0		.00		.00	.000		.00		.00
DECDIDATION CADE DDACT	0	0		.00		.00			.00		.00
DED CUDACUME DEUAD MEANING	0	0		.00		.00	.000		.00		.00
PED SUBACULE REMAD/WEANING	0	0		.00		.00	.000		.00		.00
ALL CITEDEN CEDVICEC*	2	20	\$	16,147.84	ċ	807.39		\$ 5382		ċ	4.20
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**	0	0	ڊ خ	.00				\$ JJ02 \$			
			TUDM (ş	.00	.000	ş	.00	Ą	.00
<pre>0* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN</pre>											
				ADUVE.							
** THESE DATA ARE INCLUDED I #CALIF DEPT OF HEALTH SERV				Mun — Or — Dy Ambrio - b		י דאגד לי	יומווש אחח	DEC 2004		י ערם	TE 17 040
			OKES M(NTH-OF-PAYMENT F	\LFUK1	. FUR JAN 2	2004 THKU	DEC 2004		PA(GE 17,949
MOP024	FEE-FOR-SERVICE		v bocm	DADRIM DDOCDAM		AID CODE	76				03/14/05
YOLO COUNTY	SUMMARI OF SERV	JICES FOR 60-DA	1 1051	FARIUM PKUGKAM		AID CODE	/ 6 M		(/ED7/	~⊏ _	
00 ELIGIBLES	USERS	UNITS OF SERVI	~₽	EXPENDITURES	7/17	ERAGE COST					DST PER
OO THIGIDES	CALCO	OB DAVE OF CA		PVERMDIIAVES		RAGE COSI					JSI PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

			_		_				+
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00		\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000	.00	.00
OFFICE VISITS	0	0		.00		.00	.000	.00	.00
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
	0	0		.00			.000	.00	
INPATIENT VISITS	0	0				.00			.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	U		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
	0	0							
ASSISTANT SURGEON	•	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	U		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00		\$.00	
	0	0	۲		۲				
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	ŭ	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	EC MO		FD∩D#				PAGE 17,950
				MIN OF FAIMENT N	EFORT	FOR UAN 2	.004 IIIKO D.	EC 2004	
MOP024	FEE-FOR-SERVICE		DOCE	DADMIM DDOCDAM		ATD CODE	76		03/14/05
YOLO COUNTY	SUMMAKI OF SERV	ICES FOR 60-DAY	PUST	PAKTUM PKUGKAM		AID CODE		MINITE WITTE	CE
00 51 70757 70		INITEO OF SERVICES			7	2200			GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS		COST PER
		OR DAYS OF CARE	ı		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 17,951
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR 60-DAY POST	PARTUM PROGRAM	AID CODE	76		
					MO	NTHLY AVERAG	E
00 ELIGIBLES	USERS UNIT:	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

					1.101	IIIIII AVDIVA	LO _L	
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
0	0	\$.00	\$.00	.000 \$.00	\$.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
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0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
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0	0	\$.00	\$.00	.000 \$.00	\$.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0	\$.00	\$.00	.000 \$.00	\$.00
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0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0	\$.00	\$.00	.000 \$.00	\$.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE O	OR DAYS OF CARE O	OR DAYS OF CARE 0	OR DAYS OF CARE O S .00 \$.00 O .00 .00 O	USERS	USERS	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00 .00 \$.00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH-OF	-PAYMENT F	REPORT	FOR JAN 200)4 THRU	DEC 2004		PAC	GE 17 , 952
FEE-FOR-SERVICE/DENTAI	_									03/14/05
SUMMARY OF SERVICES FO	OR 60-DAY	POST PARTUM	PROGRAM		AID CODE 76	5				
						M	ONTHLY P	VERA	.GE	
	FEE-FOR-SERVICE/DENTAI	FEE-FOR-SERVICE/DENTAL	FEE-FOR-SERVICE/DENTAL	0 0 0 00 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 00 0 0 0 0 0 00 0 0 0 0 0 0 00 0 0 0 0 0 0 00 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 0 00 0 0 0 0 0 0 0 0 0 0 00 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 00 00 00 00 00 00 00 00 00 00 00	0	0 0 0 00 00 00 000 000 000 000 000 000	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

								1.1	014111	111 111 11111	ОП	
00 ELIGIBLES		NITS OF SERVIC		EXPENDIT	TURES			UNITS/DAY:	S C	COST PER		COST PER
		OR DAYS OF CAR	RΕ			PER UNIT/		PER ELIG		USER]	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00		00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00	. (00	.000		.00		.00
BLOOD BANK	0	0			.00	. (0.0	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00	. (0.0	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00	. (0.0	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00	. (0.0	.000		.00		.00
OTHER TRANS	0	0			.00	. (0.0	.000		.00		.00
OTHER SERVICES	0	0			.00	. (0.0	.000		.00		.00
ACUPUNCTURE	0	0			.00	. (0.0	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	. (0.0	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00	. (0.0	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	. (0.0	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	. (0.0	.000		.00		.00
OPTICIAN	0	0			.00	. (0.0	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00	. (0.0	.000		.00		.00
PORTABLE X-RAY	0	0			.00	. (0.0	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00	. (0.0	.000		.00		.00
PROSTHETICS	0	0			.00	. (0.0	.000		.00		.00
ORTHOTICS	0	0			.00	. (0.0	.000		.00		.00
PSYCHOLOGIST	0	0			.00	. (0.0	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00	. (0.0	.000		.00		.00
HOSPICE SERVICES	0	0			.00	. (0.0	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00	. (0.0	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00	. (0.0	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	. (0.0	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	. (0.0	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	. (0.0	.000		.00		.00
ALL OTHER PROVIDERS	0	0			.00	. (0.0	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.0	0.0	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.0	0.0	.000	\$.00	\$.00
0* TOTALS IN THESE LINES ARE CIV	TEN AS A SEDARAT	TNEORMATTON	TTEN	ONIT.V.								

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,953 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

YOLO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

2 006 BLIGIBLES	HORDO	INTEG OF SERVICE	_		ATTERNACE COOM		NIUTI WAFVY		COCE DED
3,896 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
0-0	0.050	OR DAYS OF CAR		1 000 000 60	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,250	21,834	\$	1,878,330.67	\$ 86.03	5.604			482.12
@PHYSICIANS SERVICES	1,465	4,985	\$	274,449.30	\$ 55.06	1.280		Ş	70.44
OUTPATIENT VISITS	723	2,156		64,802.76	30.06	.553	89.63		16.63
OFFICE VISITS	154	188		9,549.68	50.80	.048	62.01		2.45
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	67	73		4,580.78	62.75	.019	68.37		1.18
PREVENTIVE CARE	2	2		86.08	43.04	.001	43.04		.02
OB VISITS/COMPRE PERI	538	1,891		50,501.35	26.71	.485	93.87		12.96
OTHER OUTPATIENT	2	2		84.87	42.44	.001	42.44		.02
INPATIENT VISITS	123	331		20,794.40	62.82	.085	169.06		5.34
HOSPITAL VISITS	114	236		10,292.41	43.61	.061	90.28		2.64
CRITICAL CARE	14	95		10,501.99	110.55	.024	750.14		2.70
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	258	857		123,815.58	144.48	.220	479.91		31.78
PRINCIPAL SURGEON	138	143		95,743.62	669.54	.037	693.79		24.57
ASSISTANT SURGEON	35	35		6,341.01	181.17	.009	181.17		1.63
ANESTHESIOLOGIST	117	679		21,730.95	32.00	.174	185.73		5.58
OUTPATIENT SURGERY	155	259		14,734.37	56.89	.066	95.06		3.78
	141	203		12,592.07	62.03	.052	89.31		3.23
PRINCIPAL SURGEON	0	0							
ASSISTANT SURGEON				.00	.00	.000	.00		.00
ANESTHESIOLOGIST	24	56		2,142.30	38.26	.014	89.26		.55
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	295	600		9,619.79	16.03	.154	32.61		2.47
RADIOLOGY	442	535		34,940.83	65.31	.137	79.05		8.97
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	42	97		1,724.83	17.78	.025	41.07		. 44
OTHER SERVICES/ALL X-OVERS	95	150		4,016.74	26.78	.039	42.28		1.03
@PHARMACY	639	1,185	\$	31,902.73	\$ 26.92	.304		\$	8.19
PRESCRIPTION DRUGS	615	1,058		21,818.48	20.62	.272	35.48		5.60
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	615	1,058		21,818.48	20.62	.272	35.48		5.60
MEDICAL SUPPLIES	60	127		10,084.25	79.40	.033	168.07		2.59
@DENTIST	29	97	\$	1,281.00	\$ 13.21	.025	\$ 44.17	\$.33
VISITS - DIAGNOSTIC	23	74		632.00	8.54	.019	27.48		.16
ORAL SURGERY	1	1		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	7	10		578.00	57.80	.003	82.57		.15
ENDODONTICS	3	3		71.00	23.67	.001	23.67		.02
RESTORATIVE DENTISTRY	1	6		.00	.00	.002	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	Û	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	3	3		.00	.00	.001	.00		.00
TITE OTHER SERVICES	J	J		.00	.00	.001	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,954 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

YOLO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

OPTIOMETRIST 0 0 \$ 0.00	3,896 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST			COST PER		COST PER
DESCRIPTION NOT BEACH DESCRIPTION NOT SERVICES DESCRIPTION NOT SERVIC			OR DAYS OF CARE			PE	R UNIT/DAY			USER		ELIGIBLE
EYEL APPLIANCES	@OPTOMETRIST	-	0	\$.00	\$			\$.00	\$.00
OTHER OPTOMETRIC SERVICES 0 0 0 \$.00 .00 .00 .00 .00 .00 .00 .00		-										
CHIRDOPACTOR	EYE APPLIANCES											
VISITS	OTHER OPTOMETRIC SERVICES											
OTHER SERVICES	@CHIROPRACTOR	0		\$.00	\$.00	.000	\$.00	\$.00
PODIATRIST	VISITS	0			.00					.00		
MEDICINS/INJECTIONS	OTHER SERVICES	0			.00		.00			.00		.00
SURCERY/ANES. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@PODIATRIST			\$.00	\$.00	.000	\$.00	\$.00
RADIO./PATHOLOGY	MEDICINE/INJECTIONS	•			.00		.00			.00		.00
OTHER O	SURGERY/ANES.	0						.000		.00		.00
BHOME HEALTH AGENCY	RADIO./PATHOLOGY	•			.00		.00	.000		.00		.00
NURSE MIDWIFE 0 0 0 \$.0	OTHER	0	0		.00		.00	.000		.00		.00
NURSE MIDWIFE 0 0 0 \$.0	@HOME HEALTH AGENCY	23	28	\$	1,872.43	\$	66.87	.007	\$	81.41	\$.48
NURSE MIDWIFE 0 0 0 \$.0	NURSE ANESTHESIST	3	12	\$	314.70	\$	26.23	.003	\$	104.90	\$.08
PEDIATRIC NURSE PRACTITIONER		0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	PEDIATRIC NURSE PRACTITIONER	0	0	\$		\$.00			.00	\$.00
## BOSPITAL HOSPITAL	FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
HSC HOSPITALS 50 227 336,267.50 1481.35 .058 6725.35 86.31 NON-HSC HOSPITAL TOTAL 238 857 872,283.27 1017.83 .220 3725.56 223.89 ACCOMMODATIONS 237 857 282,681.00 329.85 .220 1192.75 72.56 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@TOTAL HOSPITAL	891			1,275,235.29	\$	302.33	1.083	\$	1431.24	\$	327.32
HSC HOSPITALS 50 227 336,267.50 1448.35 .058 6725.35 86.31 NON-HSC HOSPITAL TOTAL 238 857 872,283.27 1017.83 .220 326.56.6 223.89 ACCOMMODATIONS 237 857 282,681.00 329.85 .220 1192.75 72.56 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HOSP INPATIENT TOTAL	287			1,208,550.77		1114.90					310.20
ACCOMMODATIONS 237 857 282,681.00 329.85 .220 1192.75 72.56 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		50	227		336,267.50		1481.35	.058				86.31
ACCOMMODATIONS 237 857 282,681.00 329.85 .220 1192.75 72.56 ADMINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	NON-HSC HOSPITAL TOTAL	238	857		872,283.27		1017.83					223.89
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O		237	857		282,681.00		329.85					
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
ALL OTHER ACCOM 237 857 282,681.00 329.85 .220 1192.75 72.56 ANCILLARIES 238 0 589,602.27 .00 .000 2477.32 151.34 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .000 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0												
ANCILLARIES 238 0 589,602.27 .00 .00 2477.32 151.34 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		237								1192.75		
INPATIENT CROSSOVERS 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		238	0									
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0									
HOSP OUTPATIENT TOTAL 764 3,134 66,684.52 21.28 .804 87.28 17.12 MEDICAL		0	0									
MEDICAL 14 19 979.69 51.56 .005 69.98 .25 SURGERY 148 253 7,239.58 28.61 .065 48.92 1.86 PATHOLOGY 439 1,783 22,929.20 12.86 .458 52.23 5.89 RADIOLOGY 131 154 8,590.21 55.78 .040 65.57 2.20 ROOM USE 308 427 18,343.77 42.96 .110 59.56 4.71 CROSSOVERS/ALL OTH OUTPTNT 265 498 8,602.07 17.27 .128 32.46 2.21 GCOUNTY HOSPITAL TOTAL 3 32 \$ 888.06 \$ 27.75 .008 \$ 296.02 \$.23 CO HOSPITAL INPATIENT TOTAL 0 0 .00 <		764	3,134									
SURGERY 148 253 7,239.58 28.61 .065 48.92 1.86 PATHOLOGY 439 1,783 22,929.20 12.86 .458 52.23 5.89 RADIOLOGY 131 154 8,590.21 55.78 .040 65.57 2.20 ROOM USE 308 427 18,343.77 42.96 .110 59.56 4.71 CROSSOVERS/ALL OTH OUTPTNT 265 498 8,602.07 17.27 .128 32.46 2.21 GCOUNTY HOSPITAL TOTAL 3 32 \$ 888.06 \$ 27.75 .008 \$ 296.02 \$.23 CO HOSPITAL INPATIENT TOTAL 0 0 .00 </td <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td>51.56</td> <td></td> <td></td> <td></td> <td></td> <td></td>			•				51.56					
PATHOLOGY 439 1,783 22,929.20 12.86 .458 52.23 5.89 RADIOLOGY 131 154 8,590.21 55.78 .040 65.57 2.20 ROOM USE 308 427 18,343.77 42.96 .110 59.56 4.71 CROSSOVERS/ALL OTH OUTPTNT 265 498 8,602.07 17.27 .128 32.46 2.21 @COUNTY HOSPITAL TOTAL 3 32 \$ 888.06 \$ 27.75 .008 \$ 296.02 \$.23 CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 .00												
RADIOLOGY 131 154 8,590.21 55.78 .040 65.57 2.20 ROOM USE 308 427 18,343.77 42.96 .110 59.56 4.71 CROSSOVERS/ALL OTH OUTPTNT 265 498 8,602.07 17.27 .128 32.46 2.21 8COUNTY HOSPITAL TOTAL 3 32 \$ 888.06 \$ 27.75 .008 \$ 296.02 \$.23 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		439										5.89
CROSSOVERS/ALL OTH OUTPTNT 265 498 8,602.07 17.27 .128 32.46 2.21 @COUNTY HOSPITAL TOTAL 3 32 \$ 888.06 \$ 27.75 .008 \$ 296.02 \$.23 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00		131										
CROSSOVERS/ALL OTH OUTPTNT 265 498 8,602.07 17.27 .128 32.46 2.21 @COUNTY HOSPITAL TOTAL 3 32 \$ 888.06 \$ 27.75 .008 \$ 296.02 \$.23 CO HOSPITAL INPATIENT TOTAL 0 0 .00	ROOM USE											
@COUNTY HOSPITAL TOTAL 3 32 \$ 888.06 \$ 27.75 .008 \$ 296.02 \$.23 CO HOSPITAL INPATIENT TOTAL 0 0 .00	CROSSOVERS/ALL OTH OUTPINT	265										
CO HOSPITAL INPATIENT TOTAL 0 0 .00				Ś	•	Ś			Ś		Ś	
HSC HOSPITALS 0 0 .00												
NON-HSC HOSPITALS TOTAL 0 0 .00<		0										
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0										
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0										
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00			0									
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 .00												
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 .00		0	0									
		0	0									
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00		0										
CO HOSP OUTPATIENT TOTAL 3 32 888.06 27.75 .008 296.02 .23												
MEDICAL 0 0 .00 .00 .00 .00 .00 .00												
SURGERY 1 2 61.20 30.60 .001 61.20 .02		-										
PATHOLOGY 2 18 261.56 14.53 .005 130.78 .07												

RADIOLOGY	1	2	190.07	95.04	.001	190.07	.05
ROOM USE	2	6	338.25	56.38	.002	169.13	.09
CROSSOVERS/ALL OTH OUTPINT	2	4	36.98	9.25	.001	18.49	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004	PAGE 17,955
MOP024	FEE-FOR-SERVICE/DENTAL	J					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FO	OR 185% AND 6	60-DAY PP TOTAL, CODES 4	4 47 48 49 69	76		

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						MC	NTHLY AVER	AGE	
3,896 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	888	4,186	\$	1,274,347.23	\$ 304.43	1.074	\$ 1435.08	\$	327.09
COMM HOSP INPATIENT TOTAL	287	1,084		1,208,550.77	1114.90	.278	4210.98		310.20
HSC HOSPITALS	50	227		336,267.50	1481.35	.058	6725.35		86.31
NON-HSC HOSPITALS TOTAL	238	857		872,283.27	1017.83	.220	3665.06		223.89
ACCOMMODATIONS	237	857		282,681.00	329.85	.220	1192.75		72.56
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	237	857		282,681.00	329.85	.220	1192.75		72.56
ANCILLARIES	238	0		589,602.27	.00	.000	2477.32		151.34
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	761	3,102		65,796.46	21.21	.796	86.46		16.89
MEDICAL	14	19		979.69	51.56	.005	69.98		.25
SURGERY	147	251		7,178.38	28.60	.064	48.83		1.84
PATHOLOGY	437	1,765		22,667.64	12.84	.453	51.87		5.82
RADIOLOGY	130	152		8,400.14	55.26	.039	64.62		2.16
ROOM USE	306	421		18,005.52	42.77	.108	58.84		4.62
CROSSOVERS/ALL OTH OUTPINT	263	494		8,565.09	17.34	.127	32.57		2.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	58.82	\$	29.41	.001	\$	58.82	\$.02
HOSPITAL BASED	1	2		58.82		29.41	.001		58.82		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	563	1,254	\$	18,174.58	\$	14.49	.322	\$	32.28	\$	4.66
PATHOLOGY	563	1,254		18,174.58		14.49	.322		32.28		4.66
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,199	9,540	\$	257,116.42	\$	26.95	2.449	\$	214.44	\$	65.99
CLINIC	1 , 159	9,467		250 , 675.38		26.48	2.430		216.29		64.34
SURGICENTER	1	8		213.01		26.63	.002		213.01		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	39	65		6,228.03		95.82	.017		159.69		1.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES :	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 17,956
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

TODO COONTI	DOMMANT OF DER	VICES FOR 1058 AND 00 1	DAI II IOIAL, COI	000 44 47 40 43			~=
						THLY AVERA	-
3,896 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	161	513 \$	17,925.40	\$ 34.94	.132 \$		\$ 4.60
DURABLE MED. EQUIP.	1	6	658.92	109.82	.002	658.92	.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	305	2,707.34	8.88	.078	142.49	.69
AMBULANCES/AIR TRANS	19	304	2,701.82	8.89	.078	142.20	.69
OTHER TRANS	1	1	5.52	5.52	.000	5.52	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	130	130	13,650.00	105.00	.033	105.00	3.50
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	254.22	50.84	.001	127.11	.07
PROSTHETICS	2	5	254.22	50.84	.001	127.11	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	67	654.92	9.77	.017	72.77	.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	32	\$ 17,890.79	\$ 559.09	.008	\$ 2555.83	\$ 4.59
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,957 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----05 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 58 314 \$ 134,407.79 \$ 428.05 62.800 \$ 2317.38 \$ 26881.56 @PHYSICIANS SERVICES 2 3 Ś 79.84 \$ 26.61 .600 \$ 39.92 \$ 15.97 .00 .00 OUTPATIENT VISITS .00 .000 .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 Ω .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 0 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .000 Ω .00 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT .00 .00 .000 .00 . 00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .00 CRITICAL CARE .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 OPHTHALMOLOGICAL SERVICES 0 .00 .00 .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 . 00 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 Ω .00 .00 .00 ASSISTANT SURGEON .000 .00 Ω .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .00 OUTPATIENT SURGERY .000 .00 .00 0 .00 PRINCIPAL SURGEON .00 .000 . 00 0 .00 .00 .00 . 00 .000 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 DIALYSIS .00 .000 .00 0 Ω .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .00 .000 .00 RADIOLOGY .00 .00 .00 .000 .00 PSYCHIATRY 0 Ω .00 .00 .00 .000 .00 IMMUNIZATION AND INJECTION 3 79.84 26.61 .600 39.92 OTHER SERVICES/ALL X-OVERS 15.97 @ PHARMACY 147.50 \$ 73.75 .400 \$ 147.50 \$ 29.50 147.50 73.75 .400 147.50 29.50 PRESCRIPTION DRUGS .00 .00 .00 SNF/ICF .00 .000 73.75 147.50 147.50 .400 29.50 OUTPATIENTS .00 MEDICAL SUPPLIES 0 .00 .00 .000 .00 20 72 3,278.05 \$ 14.400 \$ 163.90 \$ @DENTIST 45.53 655.61 14 4.5 662.00 14.71 9.000 47.29 132.40 VISITS - DIAGNOSTIC 234.05 46.81 1.000 117.03 46.81 ORAL SURGERY .00 .00 .000 .00 DRUGS .00 .00 .00 0 . 0.0 . 000 . 00 ANESTHESTA 236.00 78.67 .600 78.67 47.20 PERIODONTICS 0 .00 .00 ENDODONTICS .00 .000 .00 1.3 80.08 2.600 260.25 RESTORATIVE DENTISTRY 1,041.00 208,20 .000 .00 PROSTHETICS Ω .00 .00 .00

DENTURES, STAYPLATES	Λ	6	1,105.00	184.17	1.200	276.25	221.00
DENIONES, SIMILIMIES	4	O	1,100.00	104.17	1.200	2/0.23	221.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	EC 2004	PAGE 17,958
MOP024	FEE-FOR-SERVICE/DENTAL	_					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FO	אר יידידוב דד ו	DISREGARD - AGED	ATD CODE	: 16		

VOI O COUNTY	CIMMARY OF CERTICES		T DT	CDECARD ACED		ATD CODE	16				03/14/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR TITLE I	T DT	SKEGARD - AGED		AID CODE		^ N T FF		с п	
OF ELICIBLES	HCEDC IINI	mc or crovice		EXPENDITURES	7. 7. 7. 7.	DACE COCE	MO			GE	COST PER
05 ELIGIBLES		TS OF SERVICE		EXPENDITORES		RAGE COST		5			ELIGIBLE
@OPTOMETRIST	3	R DAYS OF CARE 5	\$	1,113.22	\$	222.64	1.000	Ċ	USER 371.07		222.64
DIAGNOSTIC AND ANC. PROCED	1	1	Ų	75.11	Ų	75.11	.200	۲	75.11	۲	15.02
EYE APPLIANCES	2	4		1,038.11		259.53	.800		519.06		207.62
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
VISITS	0	0	Ų	.00	Ų	.00	.000	۲	.00	۲	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
MEDICINE/INJECTIONS	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ġ		\$.00
NURSE ANESTHESIST	0		\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0 0 0	¢	.00	\$.00		\$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	¢	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	¢	.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	0	0	¢	.00	Ś	.00	.000		.00	Ś	.00
HOSP INPATIENT TOTAL	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	Ő		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	Ō		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN 20	004 THRU DEC	2004	PAGE 17,959
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR TITLE II DIS	GREGARD - AGED	AID CODE 1	. 6		
				-	MONTE	HLY AVERAG	E

TODO COUNTI	DOMMANT OF DERV	TCES FOR	111111111111111111111111111111111111111	DIDIN	EGAND AGED		AID CODE	M	ONT	HIY AVERA	GE.	
05 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST			COST PER	ш	COST PER
00 221012220	002110	OR DAYS			2111 2113 11 01120		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000		.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	'	.00	.000		.00		.00
HSC HOSPITALS	0		Ō		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		Ō		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Ō		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		Ō		.00		.00	.000		.00		.00
@STATE HOSPITAL	6		182	\$	127,733.06	\$	701.83	36.400	\$:	21288.84	\$	25546.61
MENTALLY ILL	0		0		.00	·	.00	.000	•	.00		.00
DEVELOP. DISABLED	6		182		127,733.06		701.83	36.400		21288.84		25546.61
@NURSING FACILITY	0		0	\$.00	\$.00	.000		.00	\$.00
LEV A-INTERMEDIATE	0		0		.00	·	.00	.000	•	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	5 0 0 0 5		5 0 0 0 5	\$	1,070.00 .00 .00 .00 1,070.00	\$	214.00 .00 .00 .00 214.00	1.000 \$.000 .000 .000 1.000	.00 .00 .00	\$	214.00 .00 .00 .00 214.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE		PENDITUR	ES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU DE	C 2004	Ρ	PAGE 17,960 03/14/05
YOLO COUNTY	SUMMARY OF SERV	•	тттт. т	T DT	SREGARD - AGED		AID CODE	16			03/14/03
TODO COUNTI	DOMMAN OF DERV	ICES FOR	111111111111111111111111111111111111111	I DI	JILEGAND AGED		AID CODE	MON	THLY AVERA	GE	
05 ELIGIBLES	USERS	UNITS OF OR DAYS	SERVICE OF CARE		EXPENDITURES		RAGE COST	UNITS/DAYS	COST PER USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23		45	\$	986.12	\$	21.91	9.000 \$	42.87	\$	197.22
DURABLE MED. EQUIP.	0		0		.00		.00	.000	.00		.00
BLOOD BANK	0		0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000	.00		.00
OTHER TRANS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	0		0		.00		.00	.000	.00		.00
ACUPUNCTURE	0		0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2		4		480.00		120.00	.800	240.00		96.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000	.00		.00
OPTICIAN	20		40		495.22		12.38	8.000	24.76		99.04
PHYSICAL THERAPIST	0		0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000	.00		.00
PROSTHETICS	0		0		.00		.00	.000	.00		.00
ORTHOTICS	0		0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000	.00		.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	10.90	10.90	.200	10.90	2.18
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	1	3 \$	34.50	\$ 11.50	.600 \$	34.50 \$	6.90
O. H. MOMATO THE MUTCH STREET AND CTIONS A	0 3 0ED3D3EE	TATEODAY					

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,961 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

YOLO COUNTY	SUMMARY OF SER	VICES FOR TITLE	II DI	SREGARD - BLIND	AID CODES 26	6A		
						MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00

DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
	0		0							
DENTURES, STAYPLATES	U		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	Ü		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXP	ENDITU	IRES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	P^{p}	AGE 17,962
MOP024	FEE-FOR-SERVICE									03/14/05
YOLO COUNTY			TTTLE	TT D	ISREGARD - BLIND	AID CODES 26	6A			00/11/00
TODO COUNTI	BOTHERY OF BEIN	VICED TOIL		II D.	ISINDOMIND BEIND	MID CODED 20	MON	THIV AVERA	CF -	
OO ELICIDIES	USERS	IINTEC OF	CEDIII	יקוי	EADENDIMIDEC	AVERAGE COST		COST PER		
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES					COST PER
		OR DAYS				PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000	.00		.00
EYE APPLIANCES	0		0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000 \$		Ś	.00
MEDICINE/INJECTIONS	0		0	۲	.00	.00	.000	.00	Y	.00
,	0		0					.00		
SURGERY/ANES.	0		-		.00	.00	.000			.00
RADIO./PATHOLOGY	Ü		0		.00	.00	.000	.00		.00
OTHER	0		0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0		0	Ś	.00	\$.00	.000 \$		Ś	.00
HOSP INPATIENT TOTAL	0		0	'	.00	.00	.000	.00		.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000	.00		.00
	0		0							
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	U		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	Ő		Ö		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
	0		-							
RADIOLOGY			0		.00	.00	.000	.00		.00
ROOM USE	0		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 17,963
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	R TITLE II DI	SREGARD - BLIND	AID CODES 26	6A		
					MONT	HLY AVERAC	GE
00 ELIGIBLES	USERS UNITS (F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	Õ	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	U	•	.00	.00	.000	.00	.00
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
AINTEDMENTATE CARE EACH - DD	0	0 ¢	0.0	\$ 00	000 \$	0.0	

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0		0	'	.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
	0			^		<u> </u>			<u> </u>		<u> </u>	
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXP	NDTTIIR	ES MON	TH-OF-PAYMENT R	EPORT	FOR TAN 2	004 THRII	DEC	2004	PAC	SE 17,964
MOP024	FEE-FOR-SERVICE		21.21101				101. 0111. 1	001 111110	220	2001		03/14/05
YOLO COUNTY			ת מדשדם	T DICI	DECADD DITND	7 TF	CODES 26	67				03/14/03
TOLO COUNTI	SUMMARY OF SERV	ICES FOR .		I DISI	REGARD - BLIND	AIL			r∩nım:	III	CE.	
0.0 =======										HLY AVERA	-	
00 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES		RAGE COST					DST PER
		OR DAYS (OF CARE	1		PER	R UNIT/DAY	PER ELIC	3	USER		LIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		Ô		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
	0		0									
AMBULANCES/AIR TRANS	U		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0									
OPTICIAN	•		U		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
ORTHOTICS	0		0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0		0									
NONINST BIRTHING CENTERS	U		0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0		0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0		0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0		0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0		0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
@XOVER EXCLUDING STATE HOSP**	•		0	Ċ	.00	Ċ	.00	.000		.00	Ċ	.00
		AME INCOM				Ÿ	.00	.000	Y	.00	Y	.00
0* TOTALS IN THESE LINES ARE												
THE AMOUNTS ARE ALREADY IN					ABOVE.							
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	'E DETAIL L	INES AB	BOVE.								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXP	ENDITUR	RES MON	ITH-OF-PAYMENT R	REPORT	FOR JAN 2	004 THRU	DEC	2004		SE 17,965
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR	CITLE I	I DISE	REGARD - DISABLE	D AID	CODES 36	66 6C				
			_	-					ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	۵\/تـ						OST PER
OO EUIGIDHES	ONERO	014TIO OT 1			DAT DIADT I OLED	AVE	1147GE COST	OMTIO/ DAI		CODI EEK		

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	206	480 \$	36,912.34 \$	76.90	.000 \$	179.19 \$.00
@PHYSICIANS SERVICES	0	0 \$.00 \$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	149	229 \$	38,473.07 \$	168.00	.000 \$	258.21 \$.00
PRESCRIPTION DRUGS	149	229	38,473.07	168.00	.000	258.21	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	149	229	38,473.07	168.00	.000	258.21	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	51	199 \$	6,312.00	\$ 31.72	.000	\$ 123.76	\$.00
VISITS - DIAGNOSTIC	31	143	1,408.00	9.85	.000	45.42	.00
ORAL SURGERY	8	19	737.00	38.79	.000	92.13	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	5	472.00	94.40	.000	94.40	.00
ENDODONTICS	1	1	260.00	260.00	.000	260.00	.00
RESTORATIVE DENTISTRY	10	10	1,048.00	104.80	.000	104.80	.00
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	7	19	2,357.00	124.05	.000	336.71	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN	2004 THRU	DEC 2004	PAGE 17,966

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,966
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

						Mo	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	6	\$ 95.76	\$	15.96	.000	\$	31.92	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	3	6	95.76		15.96	.000		31.92		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00

RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE:	S MONTH-OF-P	AYMENT REP	ORT FOR JAN 2	2004 THRU DEC	2004	PAGE 17,967
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	TITLE II	DISREGARD -	DISABLED .	AID CODES 36	66 6C		

TODO COUNTI	SOUTHWILL OF SELV	ATCES FOR	TTTTT T	T DISKI	חקונת מאשטי	AID '	20062 20	00 00			
								MO	NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER.	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	0		0	\$	8,760.00CR	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	0		0		8,760.00CR		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH 0 0 .00 .00 .00	.00	.00
ICF DD 0 0 .00 .00 .00	.00	.00
ICF DDN/DDCN 0 0 .00 .00 .00	.00	.00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00	.00	.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00	.00	.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00	.00	.00
INDEPENDENT FACILITY 0 0 .00 .00 .00	.00	.00
@LABORATORY FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
PATHOLOGY 0 0 .00 .00 .00	.00	.00
XO AND OTHERS 0 0 .00 .00 .00	.00	.00
@ORGANIZED OUTPATIENT CLINIC 2 3 \$ 272.96 \$ 90.99 .000 \$ 130	5.48 \$.00
CLINIC 0 0 .00 .00 .00	.00	.00
SURGICENTER 0 0 .00 .00 .00	.00	.00
HEROIN DETOX CLINIC 0 0 .00 .00 .00	.00	.00
RURAL HEALTH CLINIC 2 3 272.96 90.99 .000 130	5.48	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 200.	1	PAGE 17,968
MOP024 FEE-FOR-SERVICE/DENTAL		03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C		

1020 000111	00111111111 01 0111111	020 1010 11122 11 51010	2101112	1112 00220 00	MON	THLY AVERAC	FE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	23	43 \$	518.55	\$ 12.06	.000 \$	22.55	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	23	43	518.55	12.06	.000	22.55	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	8,760.00CR	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,969 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

YOLO COUNTY	SUMMARY OF SERV	/ICES FOR TITLE II .	DISREGARD - FAMILIES	DISCONTINU			
0.0 =======					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT HOSPITAL SURGERY	•	•	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00				
DRUGS	· ·	•		.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,970 MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

TODO COONTI	DOMINANT OF DEIN	VICED FOR	111111111111111111111111111111111111111	L DIDIGEO	AND PARTITION	DISCONTIN	OED			
							MO	NTHLY AVERA	ΔGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000	.00		.00
EYE APPLIANCES	0		0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00		\$.00	\$.00
VISITS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
@PODIATRIST	0		0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000	.00		.00
SURGERY/ANES.	0		0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000	.00		.00
OTHER	0		0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00

03/14/05

THE THE COCCOUNTS	0	0	0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0	.00				
SURGERY	U	U		.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0						
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	Λ	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0					.00
RADIOLOGY	Ü	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DEC	2004	PAGE 17,971
MOPOZA	FEE-FOR-SERVICE	/DENTAI.					03/14/05
MOP024	FEE-FOR-SERVICE		TODECADD EXMITTED	DICCOMMIN	TED		03/14/05
MOPU24 YOLO COUNTY		/DENTAL ICES FOR TITLE II D	ISREGARD - FAMILIES	DISCONTIN			
YOLO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II D			MONT		GE
			ISREGARD - FAMILIES EXPENDITURES	DISCONTING AVERAGE COST	MONT		
YOLO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II D			MONT UNITS/DAYS		GE
YOLO COUNTY 00 ELIGIBLES	SUMMARY OF SERV	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST PER ELIGIBLE \$.00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00 .00	GE COST PER ELIGIBLE \$.00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0 0 0 0	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00 .00	GE COST PER ELIGIBLE \$.00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0 0 0 0	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
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YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
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YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O S O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O S O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O S O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O S O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU:	RES MONTH-OF	-PAYMENT REE	PORT FOR JAN	2004 THRU	DEC 2004	PA	GE 17,972
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGARD	- FAMILIES	DISCONTIN	IUED			
						M	MONTHLY AVER	AGE -	

					MONT	HLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,973 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

OS ELIGIELES	TODO COUNTI	SOMMAN OF SER	VICES FOR III	111	DIC	INDOMIND TOTAL			MO	ТИС	HLY AVERA	GE	
PROPERTY OF THE PROPERTY OF	05 ELIGIBLES	USERS	UNITS OF SER	VICE		EXPENDITURES	AVE	RAGE COST					COST PER
PRINTSICIANS SERVICES 2 3 \$ 79,84 \$ 26,61 .600 \$ 39,92 \$ 15,97							PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
PRINTSICIANS SERVICES 2 3 \$ 79,84 \$ 26,61 .600 \$ 39,92 \$ 15,97	@TOTAL, ALL PROVIDERS	264	79	4	\$	171,320.13	\$	215.77	158.800	\$	648.94	\$	34264.03
OFFICE VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		2		3	\$		\$	26.61			39.92	\$	15.97
HOME VISITS		0		0		.00							.00
MERICENCY ROOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	HOME VISITS	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PREVENTIVE CARE	0		0				.00			.00		.00
OTHER OUTPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0									
INPATIENT VISITS		0		0									
HOSPITAL VISITS		0											
CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		0									.00
SNF/IGF/TRANS IP CARE O OPHTHAIMCLGICLAS SERVICES O OPHTHAIMCLGICLAS SERVICES O O SEXULES AND MATERIALS O O O SERVICES AND MATERIALS O O O O O O O O O O O O O O O O O O O		0		0									
OPTHAIMOLOGICAL SERVICES 0		0		0									
EXAMINATIONS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		0									
SERVICES AND MATERIALS		0		0									
INPATIENT HOSPITAL SURGERY 0		0		0									
PRINCIPAL SURGEON		0		-									
ASSISTANT SURGEON ANESTHESICLOGIST O OUTPATIENT SURGERY O OUTPATIENT SURGERY O O PRINCIPAL SURGEON O ASSISTANT SURGEON O O PRINCIPAL SURGEON O O ASSISTANT SURGEON O O O O O PRINCIPAL SURGEON O O ASSISTANT SURGEON O O O O O O O ASSISTANT SURGEON O O O O O O O O O O O O		0		0									
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OUTPATIENT SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		-									
PRINCIPAL SURGEON 0 0 .00 <		0		-									
ASSISTANT SURGEON ANESTHESICLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		-									
ANESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0									
DIALYSIS 0 0 0 0 0 0 0 0 0		0		0									
PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		0									
RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		-									
PSYCHIATRY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0									
IMMUNIZATION AND INJECTION 0 .00 <td></td> <td>0</td> <td></td>		0											
OTHER SERVICES/ALL X-OVERS 2 3 79.84 26.61 .600 39.92 15.97 @PHARMACY 150 231 \$ 38,620.57 \$ 167.19 46.200 \$ 257.47 \$ 7724.11 PRESCRIPTION DRUGS 150 231 38,620.57 167.19 46.200 257.47 7724.11 SNF/ICF 0 0 .00 <		0											
@PHARMACY 150 231 \$ 38,620.57 \$ 167.19 46.200 \$ 257.47 \$ 7724.11 PRESCRIPTION DRUGS 150 231 38,620.57 167.19 46.200 257.47 7724.11 SNF/ICF 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENTS 150 231 38,620.57 167.19 46.200 257.47 7724.11 MEDICAL SUPPLIES 0 0 .00 .00 .00 .00 .00 .00 @DENTIST 71 271 \$ 9,590.05 \$ 35.39 54.200 \$ 135.07 \$ 1918.01 VISITS - DIAGNOSTIC 45 188 2,070.00 11.01 37.600 46.00 414.00 ORAL SURGERY 10 24 971.05 40.46 4.800 97.11 194.21 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA <td></td> <td>2</td> <td></td>		2											
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OUTPATIENTS 150 231 38,620.57 167.19 46.200 257.47 7724.11 MEDICAL SUPPLIES 0 0 .00 .00 .00 .00 .00 @DENTIST 71 271 \$ 9,590.05 \$ 35.39 54.200 \$ 135.07 \$ 1918.01 VISITS - DIAGNOSTIC 45 188 2,070.00 11.01 37.600 46.00 414.00 ORAL SURGERY 10 24 971.05 40.46 4.800 97.11 194.21 DRUGS 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 PERIODONTICS 8 8 708.00 88.50 1.600 88.50 141.60 ENDODONTICS 1 1 260.00 260.00 .200 260.00 52.00 RESTORATIVE DENTISTRY 14 23 2,089.00 90.83 4.600 149.21 417.80 <													
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00 .00 .00 @DENTIST 71 271 \$ 9,590.05 \$ 35.39 54.200 \$ 1918.01 VISITS - DIAGNOSTIC 45 188 2,070.00 11.01 37.600 46.00 414.00 ORAL SURGERY 10 24 971.05 40.46 4.800 97.11 194.21 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 8 8 708.00 88.50 1.600 88.50 141.60 ENDODONTICS 1 1 260.00 260.00 .200 260.00 52.00 RESTORATIVE DENTISTRY 14 23 2,089.00 90.83 4.600 149.21 417.80													
@DENTIST 71 271 \$ 9,590.05 \$ 35.39 54.200 \$ 135.07 \$ 1918.01 VISITS - DIAGNOSTIC 45 188 2,070.00 11.01 37.600 46.00 414.00 ORAL SURGERY 10 24 971.05 40.46 4.800 97.11 194.21 DRUGS 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 PERIODONTICS 8 8 708.00 88.50 1.600 88.50 141.60 ENDODONTICS 1 1 260.00 260.00 .200 260.00 52.00 RESTORATIVE DENTISTRY 14 23 2,089.00 90.83 4.600 149.21 417.80													
VISITS - DIAGNOSTIC 45 188 2,070.00 11.01 37.600 46.00 414.00 ORAL SURGERY 10 24 971.05 40.46 4.800 97.11 194.21 DRUGS 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 PERIODONTICS 8 8 708.00 88.50 1.600 88.50 141.60 ENDODONTICS 1 1 260.00 260.00 .200 260.00 52.00 RESTORATIVE DENTISTRY 14 23 2,089.00 90.83 4.600 149.21 417.80		•			Ś		Ś			Ś		Ś	
ORAL SURGERY 10 24 971.05 40.46 4.800 97.11 194.21 DRUGS 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 .00 PERIODONTICS 8 8 708.00 88.50 1.600 88.50 141.60 ENDODONTICS 1 1 260.00 260.00 .200 260.00 52.00 RESTORATIVE DENTISTRY 14 23 2,089.00 90.83 4.600 149.21 417.80	-				т		Ψ			т		т	
DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 8 8 708.00 88.50 1.600 88.50 141.60 ENDODONTICS 1 1 260.00 260.00 .200 260.00 52.00 RESTORATIVE DENTISTRY 14 23 2,089.00 90.83 4.600 149.21 417.80													
ANESTHESIA 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0													
PERIODONTICS 8 8 708.00 88.50 1.600 88.50 141.60 ENDODONTICS 1 1 260.00 260.00 .200 260.00 52.00 RESTORATIVE DENTISTRY 14 23 2,089.00 90.83 4.600 149.21 417.80		•											
ENDODONTICS 1 1 260.00 260.00 .200 260.00 52.00 RESTORATIVE DENTISTRY 14 23 2,089.00 90.83 4.600 149.21 417.80		•											
RESTORATIVE DENTISTRY 14 23 2,089.00 90.83 4.600 149.21 417.80		-											
$m{\prime}$													
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DENTURES, STAYPLATES	11	25	3,462.00	138.48	5.000	314.73	692.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.200	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 17,974
MOP024	FEE-FOR-SERVICE/DENT	'AL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR TITLE II D	ISREGARD - TOTAL				

TODO COUNTI	DOPERATE OF DETE	VICES FOR	111111 1	.1 1/1	IDINEGAND TOT	. ДЦ			M	ОИТ	HIY AVERA	GE.	
05 ELIGIBLES	USERS	UNITS OF	SERVICE	7.	EXPENDITU	IRES	AVE	RAGE COST				0_	COST PER
00 22101222	00210		OF CARE		2111 2110 2 1 0			UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	6	011 21110	11	\$	1,208	. 98	\$	109.91	2.200		201.50	Ś	241.80
DIAGNOSTIC AND ANC. PROCED	1		1		•	.11		75.11	.200		75.11		15.02
EYE APPLIANCES	5		10		1,133			113.39	2.000		226.77		226.77
OTHER OPTOMETRIC SERVICES	0		0		1,100	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	Ś	.00	.000	Ś	.00	\$.00
VISITS	0		0	Ψ		.00	Ψ	.00	.000	۲	.00	Ψ	.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś		.00	Ś	.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0		0	Ψ		.00	Ψ	.00	.000	۲	.00	Ψ	.00
SURGERY/ANES.	0		0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00		.00
OTHER	0		0			.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	ç		.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	ç		.00	\$.00	.000	\$.00	\$.00
	0		0	ب خ		.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0		0	ڊ خ		.00	۶ \$.00	.000	\$.00	\$.00
	0		0	ې د		.00	ې د		.000	۶ \$		۶ S	
@TOTAL HOSPITAL	0		0	Ą		.00	Ş	.00	.000	Ş	.00	Ş	.00
HOSP INPATIENT TOTAL	0		0					.00			.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	•		Ū			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
MEDICAL	0		0			.00		.00	.000		.00		.00
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
ROOM USE	0		0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00

0	0	.00	.00	.000	.00	.00
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0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	004 THRU DE	C 2004	PAGE 17,975
FEE-FOR-SERVICE/DENTA	AL .					03/14/05
SUMMARY OF SERVICES E	OR TITLE II DIS	REGARD - TOTAL				
				MON	THLY AVERAC	GE
USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
OR I	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES E USERS UNITS	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TITLE II DIS	O	O	O	O

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CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	6	182	\$	127,733.06	\$	701.83	36.400	\$	21288.84	\$	25546.61
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	6	182		127,733.06		701.83	36.400		21288.84		25546.61
@NURSING FACILITY	0	0	\$	8,760.00CR	\$.00	.000	\$.00	\$	1752.00CR
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		8,760.00CR		.00	.000		.00		1752.00CR
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	·	.00	.000	·	.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	8	\$	1,342.96	\$	167.87	1.600	\$	191.85	\$	268.59
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	8		1,342.96		167.87	1.600		191.85		268.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE:	S AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU	DEC	2004	F	PAGE 17,976
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERVI	CES FOR TITLE	II DI	SREGARD - TOTAL							
							M	rnoi	HLY AVERA	.GE	
05 ELIGIBLES	USERS 1	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	R UNIT/DAY	Y PER ELIG	j	USER		ELIGIBLE
ANTI OMIJED DDOMIDEDO	1.0	0.0	Ċ	1 504 67	Ċ	17 10	17 (00	Ċ	20 71	Ċ	200 02

					MON'	I'HLY AVERAGE	
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	46	88 \$	1,504.67	\$ 17.10	17.600 \$	32.71 \$	300.93
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	4	480.00	120.00	.800	240.00	96.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	43	83	1,013.77	12.21	16.600	23.58	202.75
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	10.90	10.90	.200	10.90	2.18
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	1	3 \$	8,725.50CR \$	2908.50CR	.600 \$	8725.50CR\$	1745.10CR
00							

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,977 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

YOLO COUNTY	SUMMARY OF SER	VICES FOR IN HOM	E SUP	PORT - AGED		AID CODE	18				
							MC	NT	HLY AVERA	.GE	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	5 (COST PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	233	1,988	\$	136,960.37	\$	68.89	.000	\$	587.81	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	58	76	\$	19,518.44	\$	256.82		\$	336.52	\$.00
PRESCRIPTION DRUGS	57	75		19,516.80		260.22	.000		342.40		.00
SNF/ICF	2	4		417.46		104.37	.000		208.73		.00
OUTPATIENTS	55	71		19,099.34		269.00	.000		347.26		.00
MEDICAL SUPPLIES	1	1	_	1.64	_	1.64	.000	_	1.64	_	.00
@DENTIST	41	153	\$	3,202.00	\$	20.93	.000	Ş	78.10	\$.00
VISITS - DIAGNOSTIC	31	123		1,271.00		10.33	.000		41.00		.00
ORAL SURGERY	4	5		338.00		67.60	.000		84.50		.00

DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS ENDODONTICS	0	0		.00	.00	.000	.00		.00
	0	14							
RESTORATIVE DENTISTRY	б	14		793.00	56.64	.000	132.17		.00
PROSTHETICS	U			.00	.00	.000	.00		.00
DENTURES, STAYPLATES	6	11		800.00	72.73	.000	133.33		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDI	TURES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	P	PAGE 17,978
MOP024	FEE-FOR-SERVICE	/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR IN H	OME SUP	PORT - AGED	AID CODE	18			
						MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF C.	ARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		Ś	.00
VISITS	0	0	4	.00	.00	.000	.00	7	.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$		Ś	.00
MEDICINE/INJECTIONS	0	0	٧	.00	.00	.000	.00	٧	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	Ċ	.00	\$.00	.000 \$		\$.00
-	0	0	ې د			·		\$.00
NURSE ANESTHESIST	0	0	ې د	.00	\$.00	.000 \$		ş S	
NURSE MIDWIFE	0	0		.00	\$.00	.000 \$.00
PEDIATRIC NURSE PRACTITIONER	. 0	•	- T	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	U	0	\$ \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	U	0	\$.00	\$.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
DAMILOT OCM	^	0		0.0	0.0	000	0.0		0.0

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PATHOLOGY

RADIOLOGY

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

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NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ô	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	-					PAGE 17,979
MOP024	FEE-FOR-SERVICE/DENTAL	ALENDITONES H	ONTH OF TATMENT RE	IONI FON OAN 2	Odd Till POO.	2004	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	TN HOME SIID	PORT - ACED	AID CODE	1.8		03/14/03
IOLO COONII	SOMMAKI OF SERVICES FOR	IN HOME SOF	FORT AGED		MONTH	JT V 7/12D7/	GF:
00 ELIGIBLES	USERS UNITS O	F SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 EHIGIBHES		S OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
MENTALLY ILL	0	0 9	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 0 \$.00	\$.00	.000 \$.00	
LEV A-INTERMEDIATE	0	0 3	.00	.00	.000 \$.00	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-REHAD MD LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MC	NTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	F	AGE 17,980
MOP024	FEE-FOR-SERVICE	:/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR IN HOM	E SUPF	ORT - AGED		AID CODE	18				
							M	ONTE	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVIC	Ε	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CAR	Ε		PER	R UNIT/DAY	PER ELIG	;	USER		ELIGIBLE
@ALL OTHER PROVIDERS	147	1,759	\$	114,239.93	\$	64.95	.000	\$	777.14	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	91	1,435		99,659.50		69.45	.000		1095.16		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	32	270		13,946.97		51.66	.000		435.84		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	24	54		633.46		11.73	.000		26.39		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,981 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

IOLO COUNTI	SOUMANT OF SEV	VICES FOR IN HOME SUFI	OKI - DLIND	AID CODE	20		
					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3	9 \$	352.08	\$ 39.12	.000 \$	117.36	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	7 \$	326.00	\$ 46.57	.000	\$ 163.00	\$.00
VISITS - DIAGNOSTIC	1	5	56.00	11.20	.000	56.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.000	215.00	.00
RESTORATIVE DENTISTRY	1	1	55.00	55.00	.000	55.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 17,982
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 \$.00 .000 \$.00 \$.00 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .000 .00 0 .00 .00 .00 EYE APPLIANCES .000 .00 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 @CHIROPRACTOR .00 \$.00 .00 \$.000 \$.00 .00 VISITS .00 .000 .00 .00 .00 .00 OTHER SERVICES .000 .00 .00 \$.00 .00 \$ @PODIATRIST .000 \$.00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. .00 .000 .00 .00 .00 .00 .00 RADIO./PATHOLOGY .000 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 \$.00 .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 NURSE MIDWIFE .00 \$ PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 \$.00 .00 .00 \$.000 \$.00 \$.00 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL .00 \$.00 .000 \$.00 \$.00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 .00 .000 .00 . 00 ALL OTHER INPATIENT .00 .00 .00 .000 HOSP OUTPATIENT TOTAL MEDICAL .00 .00 .00 .000 .00 .00 .00 SURGERY .00 .000 .00 PATHOLOGY .00 .00 .000 .00 .00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 2	2004 THRU DEC	2004	PAGE 17,983
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	UPPORT - BLIND	AID CODE	28		
					MONT	HLY AVERAG	E

					MON	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	Ō		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-	OF-PAYMENT RE	EPORT	FOR JAN 2004	THRU	DEC	2004	PΑ	GE 17,984
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE 28					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2 26.08 13.04 @ALL OTHER PROVIDERS 1 .000 \$ 26.08 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 .00 .00 .00 .00 HEARING AID DISPENSERS .00 .000 .00 .00 .00 .00 MEDICAL TRANSPORTATION .000 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 26.08 13.04 .000 26.08 .00 .00 .00 .00 PHYSICAL THERAPIST .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETICS .000 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 .00 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.000 \$.00 \$ @XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00 \$.00 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

1010 0001111	DOIMMING OF DEEK	VIOLO IOIC IN HOLL	DOLLOIG	DIGITEDED	1110 0000	00		
						MON	ITHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	126	5 , 729	\$	54,132.10	\$ 9.45	.000	429.62	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

PAGE 17,985

03/14/05

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@ PHARMACY	29	41	\$	12,011.49	\$	292.96	.000	\$	414.19	\$.00
PRESCRIPTION DRUGS	29	41		12,011.49		292.96	.000		414.19		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	29	41		12,011.49		292.96	.000		414.19		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	35	133	\$	4,164.25	\$	31.31	.000	\$	118.98	\$.00
VISITS - DIAGNOSTIC	23	104		1,159.25		11.15	.000		50.40		.00
ORAL SURGERY	5	5		345.00		69.00	.000		69.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	3	3		472.00		157.33	.000		157.33		.00
ENDODONTICS	2	2		305.00		152.50	.000		152.50		.00
RESTORATIVE DENTISTRY	9	16		1,383.00		86.44	.000		153.67		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	2		500.00		250.00	.000		250.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-	OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PAC	GE 17,986
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- DISABLED		AID CODE	68				

							MO	TNC	HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	3	COST PER		COST PER
		OR DAYS OF CARE	3		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	Û	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	0	•	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	O	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	Û	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDITACNI CEDMIC	EC VVID EADEMIDITHIIDEG WOM				EC 2007	DVCE 1./ 08./
"		ES AND EXPENDITURES MON	TH-OF-PAIMENT RE	EPORT FOR JAN	2004 IRO D	EC 2004	PAGE 17,987
MOP024	FEE-FOR-SERVICE	/DENTAL				EC 2004	03/14/05
"	FEE-FOR-SERVICE			AID CODE	L 68		03/14/05
MOP024 YOLO COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR IN HOME SUPPO	RT - DISABLED	AID CODE	1 68 MOI	NTHLY AVERA	03/14/05 GE
MOP024	FEE-FOR-SERVICE	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE		AID CODE	C 68 MOI UNITS/DAYS	NTHLY AVERA COST PER	03/14/05 GE COST PER
MOP024 YOLO COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE	RT - DISABLED	AID CODE AVERAGE COST PER UNIT/DAY	C 68 MOI UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER	03/14/05 GE COST PER ELIGIBLE
MOP024 YOLO COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$	RT - DISABLED EXPENDITURES .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00	C 68 MOI UNITS/DAYS PER ELIG .000	NTHLY AVERA COST PER USER \$.00	03/14/05 GE COST PER ELIGIBLE \$.00
MOP024 YOLO COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE	RT - DISABLED	AID CODE AVERAGE COST PER UNIT/DAY	C 68 MOI UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER	03/14/05 GE COST PER ELIGIBLE
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$	RT - DISABLED EXPENDITURES .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00	C 68 MOI UNITS/DAYS PER ELIG .000	NTHLY AVERA COST PER USER \$.00	03/14/05 GE COST PER ELIGIBLE \$.00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	RT - DISABLED EXPENDITURES .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	2 68 MOI UNITS/DAYS PER ELIG .000	NTHLY AVERA COST PER USER \$.00	03/14/05 GE COST PER ELIGIBLE \$.00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	RT - DISABLED EXPENDITURES .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00	2 68 MOI UNITS/DAYS PER ELIG .000 .000	NTHLY AVERA COST PER USER \$.00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	RT - DISABLED EXPENDITURES .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	2 68 MOI UNITS/DAYS PER ELIG .000 .000 .000	NTHLY AVERA COST PER USER \$.00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	RT - DISABLED EXPENDITURES .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	2 68 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	2 68 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	2 68 MOI 2 UNITS/DAYS 3 PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0 68 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0 68 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2 68 MOI 2 UNITS/DAYS 3 PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2 68 MOI 2 UNITS/DAYS 3 PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	G 68 MOI S UNITS/DAYS FER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	G 68 MOI S UNITS/DAYS FER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2 68 MOI 2 UNITS/DAYS 3 PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	G 68 MOI S UNITS/DAYS FER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2 68 MOI 2 UNITS/DAYS 3 PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2 68 MOI 2 UNITS/DAYS 3 PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	G 68 MOI S UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	. 68 MOI . UNITS/DAYS . PER ELIG . 000	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	68 MOI C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	68 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	68 MOI C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	216.00	\$	216.00	.000	\$	216.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		216.00		216.00	.000		216.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURE	S MONTH	-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 17,988
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERVIO	CES FOR IN HOME	SUPPORT	- DISABLED		AID CODE	68				
							M	ONTE	HLY AVERA	GE ·	
00 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG	;	USER	J	ELIGIBLE
@ALL OTHER PROVIDERS	66	5 , 554	\$	37,740.36	\$	6.80	.000	\$	571.82	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	66	5,554 \$	37,740.36	\$ 6.80	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	35	382	26 , 579.56	69.58	.000	759.42	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	23	239.20	10.40	.000	21.75	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	5 , 149	10,921.60	2.12	.000	546.08	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	6 \$	2,885.05	\$ 480.84	.000	\$ 961.68	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PROSTHETICS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,989 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL ----- MONTHLY AVERAGE -----UNITS OF SERVICE 00 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 362 @TOTAL, ALL PROVIDERS 7,726 \$ 191,444.55 \$ 24.78 .000 \$ 528.85 \$.00 @PHYSICIANS SERVICES 0 0 Ś .00 \$.00 .000 \$.00 \$.00 .00 .00 OUTPATIENT VISITS .00 .000 .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .000 .00 .00 .00 .00 PREVENTIVE CARE .00 .000 .00 0 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .000 OTHER OUTPATIENT .00 .00 . 00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .00 CRITICAL CARE .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 OPHTHALMOLOGICAL SERVICES 0 .00 .00 .000 .00 .00 .000 .00 EXAMINATIONS . 00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 Ω .00 ANESTHESIOLOGIST .000 .00 OUTPATIENT SURGERY .00 .000 .00 .00 Ω .00 PRINCIPAL SURGEON .00 .000 .00 Ω .00 .00 .00 .00 .000 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 DIALYSIS .00 .000 .00 Ω .00 .000 .00 .00 PATHOLOGY .00 .00 .00 .000 .00 RADIOLOGY .00 .00 .00 .000 .00 PSYCHIATRY 0 0 Ω .00 .00 .00 .000 .00 IMMUNIZATION AND INJECTION .00 .000 269.49 .000 271.80 .000 104.37 .000 277.78 .000 1.64 .000 26.25 .000 10.72 .000 OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 . 00 117 31,529.93 \$ 269.49 .000 \$ 362.41 \$ @ PHARMACY .00 116 31,528.29 366.61 .00 PRESCRIPTION DRUGS 2 SNF/ICF 4 417.46 208.73 . 00 112 31,110.83 370.37 . 00 OUTPATIENTS MEDICAL SUPPLIES 1 1 1.64 1.64 .00 78 293 7,692.25 \$.000 \$ 98.62 \$ @DENTIST .00 5.5 232 2,486.25 45.20 . 00 VISITS - DIAGNOSTIC 68.30 9 10 683.00 .000 75.89 .00 ORAL SURGERY 0 .000 .00 DRUGS .00 .00 0 .00 .000 .00 . 00 ANESTHESTA 157.33 .000 157.33 472.00 PERIODONTICS 520.00 3 173.33 .000 173.33 ENDODONTICS .00 3 31 2,231.00 71.97 .000 16 139.44 RESTORATIVE DENTISTRY .00

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DENTURES, STAYPLATES	8	13	1,300.00	100.00	.000	162.50	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN	2004 THRU 1	DEC 2004	PAGE 17,990
MOP024	FEE-FOR-SERVICE/DENT	'AL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUPPO	RT - TOTAL				
					Mo	ONTHLY AVERAG	E

						MO	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00)
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00)
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00)
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00)
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00)
ANCILLARIES	0	0		.00	.00	.000	.00	.00)
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00)
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00)
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00)
MEDICAL	0	0		.00	.00	.000	.00	.00)
SURGERY	0	0		.00	.00	.000	.00	.00)
PATHOLOGY	0	0		.00	.00	.000	.00	.00)
RADIOLOGY	0	0		.00	.00	.000	.00	.00)
ROOM USE	0	0		.00	.00	.000	.00	.00)
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00)
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00)
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00)
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00)
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00)
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00)
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00)
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00)
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00)
ANCILLARIES	0	0		.00	.00	.000	.00	.00)
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00)
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00)
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00)
MEDICAL	0	0		.00	.00		.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00)
PATHOLOGY	0	0		.00	.00		.00	.00	
RADIOLOGY	0	0		.00	.00		.00	.00	
ROOM USE	0	0		.00	.00		.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUE	RES M	ONTH-OF-PAYMENT RE	EPORT FOR JA	N 2004 THRU	DEC 2004	PAGE 17,9	
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/	05
YOLO COUNTY	SUMMARY OF SERVICES FOR	IN HOME	E SUP	PORT - TOTAL					
00			_			1	MONTHLY AVERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$		\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	·	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0	·	.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2		1	\$	216.00	\$	216.00	.000	\$	108.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2		1		216.00		216.00	.000		108.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXP	ENDITURE	S MONTE	H-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC		PA	GE 17,992
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERV		IN HOME	SUPPORT	Г - TOTAL							
					- 			M	ONTI	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST			COST PER	-	OST PER
		OR DAYS	-				R UNIT/DAY			USER		LIGIBLE

					MONTHLY AVERAGE				
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@ALL OTHER PROVIDERS	214	7,315 \$	152,006.37	\$ 20.78	.000 \$	710.31	\$.00		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00		
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	126	1,817	126,239.06	69.48	.000	1001.90	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	32	270	13,946.97	51.66	.000	435.84	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	36	79	898.74	11.38	.000	24.97	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	5,149	10,921.60	2.12	.000	546.08	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	6	\$ 2,885.05	\$ 480.84	.000	\$ 961.68	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,993
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

YOLO COUNTY	SUMMARY OF SER	VICES FOR PUBLIC .	ASSI	STANCE - AGED						
44.0					 	MOI				
110 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	COST			COST PER
		OR DAYS OF CARE			R UNIT/DAY		USI			ELIGIBLE
@TOTAL, ALL PROVIDERS	2,016	16,997	\$	978,083.05	\$ 57.54	154.518				8891.66
@PHYSICIANS SERVICES	23	55	\$	1,212.59	\$ 22.05	.500		2.72	Ş	11.02
OUTPATIENT VISITS	3	3		79.60	26.53	.027		5.53		.72
OFFICE VISITS	3	3		79.60	26.53	.027	2	5.53		.72
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		.00
INPATIENT VISITS	1	3		30.83	10.28	.027	31	0.83		.28
HOSPITAL VISITS	0	0		.00	.00	.000		.00		.00
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	1	3 0		30.83	10.28	.027	31	0.83		.28
OPHTHALMOLOGICAL SERVICES	0			.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	2	2 2		6.27	3.14	.018		3.14		.06
RADIOLOGY	2			112.73	56.37	.018	5	5.37		1.02
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	19	45		983.16	21.85	.409	5	L.75		8.94
@PHARMACY	302	3,702	\$	71,806.97	\$ 19.40	33.655	23	7.77	\$	652.79
PRESCRIPTION DRUGS	295	593		71,367.05	120.35	5.391	24	L.92		648.79
SNF/ICF	37	89		12,787.36	143.68	.809	34.	5.60		116.25
OUTPATIENTS	261	504		58,579.69	116.23	4.582	22	1.44		532.54
MEDICAL SUPPLIES	11	3,109		439.92	.14	28.264	3	9.99		4.00
@DENTIST	697	2,871	\$	129,730.47	\$ 45.19	26.100	18	5.13	\$	1179.37
VISITS - DIAGNOSTIC	420	1,707		17,519.97	10.26	15.518	4	L.71		159.27
ORAL SURGERY	121	288		13,197.50	45.82	2.618	10	9.07		119.98

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	1	.00	.00	.009	.00	.00	
PERIODONTICS	54	58	5,176.10	89.24	.527	95.85	47.06	
ENDODONTICS	41	69	16,202.00	234.81	.627	395.17	147.29	
RESTORATIVE DENTISTRY	141	310	27,561.15	88.91	2.818	195.47	250.56	
PROSTHETICS	24	25	670.00	26.80	.227	27.92	6.09	
DENTURES, STAYPLATES	147	405	49,403.75	121.98	3.682	336.08	449.13	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	13	8	.00	.00	.073	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	EC 2004	PAGE 17,994	
MOP024	FEE-FOR-SERVICE/DE	ENTAL					03/14/05	
YOLO COUNTY	SUMMARY OF SERVICE	ES FOR PUBLIC A	ASSISTANCE - AGED					
					MON	ITHLY AVERA	GE	
110 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	20	59	\$ 2,091.78	\$ 35.45	.536	104.59	\$ 19.02	
DIAGNOSTIC AND ANC. PROCED	2	2	122.56	61.28	.018	61.28	1.11	
EYE APPLIANCES	18	48	1,822.09	37.96	.436	101.23	16.56	
OTHER OPTOMETRIC SERVICES	3	9	147.13	16.35	.082	49.04	1.34	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

110 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	20	59	\$ 2,091.78	\$ 35.45	.536	\$	\$ 19.02
DIAGNOSTIC AND ANC. PROCED	2	2	122.56	61.28	.018	61.28	1.11
EYE APPLIANCES	18	48	1,822.09	37.96	.436	101.23	16.56
OTHER OPTOMETRIC SERVICES	3	9	147.13	16.35	.082	49.04	1.34
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	35	\$ 9,234.66	\$ 263.85	.318	\$ 1319.24	\$ 83.95
HOSP INPATIENT TOTAL	3	9	8,857.48	984.16	.082	2952.49	80.52
HSC HOSPITALS	2	9	8,857.48	984.16	.082	4428.74	80.52
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	26	377.18	14.51	.236	94.30	3.43
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	4	26	377.18	14.51	.236	94.30	3.43
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ö	Ö	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 17,995
MOP024	FEE-FOR-SERVICE/D	ENTAL					03/14/05
YOLO COUNTY	SUMMARY OF SERVIC	ES FOR PUBLIC AS	SISTANCE - AGED				
					MON'	THLY AVERAG	GE
110 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	35 \$	9,234.66	\$ 263.85	.318 \$	1319.24	\$ 83.95
COMM HOSP INPATIENT TOTAL	3	9	8,857.48	984.16	.082	2952.49	80.52
HSC HOSPITALS	2	9	8,857.48	984.16	.082	4428.74	80.52
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	4	26			377.18		14.51	.23	36		94.30		3.43
MEDICAL	0	0			.00		.00	.00	0 (.00		.00
SURGERY	0	0			.00		.00	.00	0 (.00		.00
PATHOLOGY	0	0			.00		.00	.00	0 (.00		.00
RADIOLOGY	0	0			.00		.00	.00	0 (.00		.00
ROOM USE	0	0			.00		.00	.00	0 (.00		.00
CROSSOVERS/ALL OTH OUTPINT	4	26			377.18		14.51	.23	36		94.30		3.43
@STATE HOSPITAL	8	244	\$	15	9,234.63	\$	652.60	2.21	. 8	\$ 1	19904.33	\$	1447.59
MENTALLY ILL	0	0			.00		.00	.00			.00		.00
DEVELOP. DISABLED	8	244		15	9,234.63		652.60	2.21		1	19904.33		1447.59
@NURSING FACILITY	3	26	\$		1,960.70	\$	75.41	.23	36	\$	653.57	\$	17.82
LEV A-INTERMEDIATE	0	0			.00		.00	.00	0 (.00		.00
LEV B-REHAB MD	0	0			.00		.00	.00	0 (.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.00	0 (.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.00	0 (.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.00	0 (.00		.00
LEV B-REGULAR	3	26			1,960.70		75.41	.23	36		653.57		17.82
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.00	0 (\$.00	\$.00
ICF DDH	0	0			.00		.00	.00	0 (.00		.00
ICF DD	0	0			.00		.00	.00	0 (.00		.00
ICF DDN/DDCN	0	0			.00		.00	.00	0 (.00		.00
@HEMODIALYSIS TOTAL	1	1	\$		630.14	\$	630.14	.00	9	\$	630.14	\$	5.73
HOSPITAL BASED	0	0			.00		.00	.00	0 (.00		.00
HEMODIALYSIS CENTER	1	1			630.14		630.14	.00	9		630.14		5.73
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.00	0 (\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.00	0 (.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.00	0 (.00		.00
@LABORATORY FACILITY	1	5	\$		31.86	\$	6.37	.04	15	\$	31.86	\$.29
PATHOLOGY	1	5			31.86		6.37	.04	15		31.86		.29
XO AND OTHERS	0	0			.00		.00	.00	0 (.00		.00
@ORGANIZED OUTPATIENT CLINIC	43	56	\$		9,154.89	\$	163.48	.50	9	\$	212.90	\$	83.23
CLINIC	0	0			.00		.00	.00	0 (.00		.00
SURGICENTER	0	0			.00		.00	.00	0 (.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.00	0 (.00		.00
RURAL HEALTH CLINIC	43	56			9,154.89		163.48	.50	9		212.90		83.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES	MONTH-OF-	PAYMENT F	REPORT	FOR JAN	2004 THE	RU I	DEC	2004	P.	AGE 17,996
MOP024	FEE-FOR-SERVICE/DENTAL												03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASS	SISTANCE -	AGED								
									- M(ONTE	HLY AVERA	GE.	

110 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
110 221012220	002110	OR DAYS OF CARE	2111 2113 1 1 0 1 1 2 2	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,041	9,943 \$	592,994.36	\$ 59.64	90.391 \$		\$ 5390.86
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	40	95.98	2.40	.364	47.99	.87
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	36	63.15	1.75	.327	63.15	.57
OTHER SERVICES	1	4	32.83	8.21	.036	32.83	.30
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	640	7,985	555,551.18	69.57	72.591	868.05	5050.47
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	73	475	28,696.45	60.41	4.318	393.10	260.88
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	335	763	8,296.97	10.87	6.936	24.77	75.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

1	3		1.12		.37	.027		1.12		.01
1	2		78.86	3	9.43	.018		78.86		.72
1	2		78.86	3	9.43	.018		78.86		.72
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
5	675		273.80		.41	6.136		54.76		2.49
0	0	\$.00	\$.00	.000	\$.00	\$.00
30	89	\$	870.75	\$	9.78	.809	\$	29.03	\$	7.92
	1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 3	1 3 1 2 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 3 1 2 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 2 78.86 1 2 78.86 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 5 675 273.80 0 \$.00	1 2 78.86 3 1 2 78.86 3 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 5 675 273.80 0 \$.00 \$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1 2 78.86 39.43 .018 1 2 78.86 39.43 .018 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 5 675 273.80 .41 6.136 0 0 .00 .00 .00 0 0 .00 .00 .00	1 2 78.86 39.43 .018 1 2 78.86 39.43 .018 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 5 675 273.80 .41 6.136 0 0 .00 .00 .000 .000	1 2 78.86 39.43 .018 78.86 1 2 78.86 39.43 .018 78.86 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00	1 2 78.86 39.43 .018 78.86 1 2 78.86 39.43 .018 78.86 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,997 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

YOLO COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASSIS	STANCE - BLIND				
					MON'		
16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	183	8,496 \$	129,508.02	\$ 15.24	531.000 \$		•
@PHYSICIANS SERVICES	3	4 \$	176.04	\$ 44.01	.250 \$	58.68	•
OUTPATIENT VISITS	2	2	73.98	36.99	.125	36.99	4.62
OFFICE VISITS	1	1	59.50	59.50	.063	59.50	3.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.063	14.48	.91
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	102.06	51.03	.125	102.06	6.38
@PHARMACY	44	122 \$	35,071.49	\$ 287.47	7.625 \$		\$ 2191.97
PRESCRIPTION DRUGS	44	122	35,071.49	287.47	7.625	797.08	2191.97

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	10	27	7,206.80	266.92	1.688	720.68	450.43
OUTPATIENTS	38	95	27,864.69	293.31	5.938	733.28	1741.54
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	53	226	\$ 6,419.00	\$ 28.40	14.125	\$ 121.11	\$ 401.19
VISITS - DIAGNOSTIC	32	145	1,565.00	10.79	9.063	48.91	97.81
ORAL SURGERY	11	42	1,954.00	46.52	2.625	177.64	122.13
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	8	9	472.00	52.44	.563	59.00	29.50
ENDODONTICS	3	3	735.00	245.00	.188	245.00	45.94
RESTORATIVE DENTISTRY	7	12	572.00	47.67	.750	81.71	35.75
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	14	1,121.00	80.07	.875	373.67	70.06
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.063	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 17,998
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

YOLO COUNTY

----- MONTHLY AVERAGE -----16 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ @OPTOMETRIST 0 .00 .00 .000 \$.00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .00 .000 .00 .00 \$.00 .00 \$ @CHIROPRACTOR .000 \$.00 .00 0 VISITS .00 .000 .00 .00 .00 0 OTHER SERVICES .00 .000 .00 2.88 \$ 2.88 \$ @PODIATRIST 2.88 .063 \$ MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 .00 .00 RADIO./PATHOLOGY .00 .000 OTHER 1 2.88 2.88 .063 2.88 .18 98 @HOME HEALTH AGENCY 2,904.50 \$ 29.64 6.125 \$ 1452.25 \$ 181.53 0 .00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 \$.00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 \$.00 .00 FAMILY NURSE PRACTITIONER .00 .000 \$.00 \$.00 64.18 \$ @TOTAL HOSPITAL 192.54 \$ 24.07 .500 \$ 12.03 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 HSC HOSPITALS .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .00 .000 .00 .00 .00 ANCILLARIES .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .000 .00 .00 .00 .00 .000 ALL OTHER INPATIENT .00 192.54 24.07 .500 64.18 HOSP OUTPATIENT TOTAL .00 .00 .00 MEDICAL .000 .00 .00 .000 .00 SURGERY .00 .00 PATHOLOGY 36.28 9.07 .250 36.28 2.27

RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	1	2		70.26		35.13	.125	70.26	4.39
CROSSOVERS/ALL OTH OUTPTNT	2	2		86.00		43.00	.125	43.00	5.38
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU:	RES MONTH-	OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU 1	DEC 2004	PAGE 17,999
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSISTANC	E - BLIND					

----- MONTHLY AVERAGE -----

									מיוטי א דעו.	
16 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES			UNITS/DAY	S (COST PER	COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	8	\$	192.54	\$	24.07	.500	\$	64.18	\$ 12.03
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	3	8		192.54		24.07	.500		64.18	12.03
MEDICAL	0	0		.00		.00	.000		.00	.00
SURGERY	0	0		.00		.00	.000		.00	.00
PATHOLOGY	1	4		36.28		9.07	.250		36.28	2.27
RADIOLOGY	0	0		.00		.00	.000		.00	.00
ROOM USE	1	2		70.26		35.13	.125		70.26	4.39
CROSSOVERS/ALL OTH OUTPINT	2	2		86.00		43.00	.125		43.00	5.38
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	.00
@NURSING FACILITY	2	16	\$	1,913.60	\$	119.60	1.000	\$	956.80	\$ 119.60
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	2	16		1,913.60		119.60	1.000		956.80	119.60
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	660.00	\$	660.00	.063	\$	660.00	\$	41.25
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		660.00		660.00	.063		660.00		41.25
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	1,296.00	\$	216.00	.375	\$	259.20	\$	81.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	6		1,296.00		216.00	.375		259.20		81.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .		RES N	MONTH-OF-PAYMENT R	EPORT	r for Jan	2004 THRU	DEC	2004	P2	AGE 18,000
MOP024	FEE-FOR-SERVICE/DE										03/14/05
YOLO COUNTY	SUMMARY OF SERVICE	S FOR PUBLIC	ASSI	ISTANCE - BLIND							
									HLY AVERA	-	
16 ELIGIBLES		ITS OF SERVICE		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
		R DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	95	8,014	\$	80,871.97	\$	10.09	500.875	\$	851.28	\$	5054.50
DURABLE MED. EQUIP.	1	25		1,623.14		64.93	1.563		1623.14		101.45
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	925		1,668.06		1.80	57.813		834.03		104.25
AMBULANCES/AIR TRANS	1	1		107.16		107.16	.063		107.16		6.70
OTHER TRANS	1	924		1,560.90		1.69	57.750		1560.90		97.56
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	64	774	53 , 854.92	69.58	48.375	8 4	1.48	3365.93
GENETIC DISEASE TESTING	1	1	105.00	105.00	.063	10	5.00	6.56
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	10	18	214.98	11.94	1.125	2	1.50	13.44
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	11	4,042	5,940.06	1.47	252.625	54	0.01	371.25
EPSDT SUPPLEMENTAL SERVICE	4	586	17,234.26	29.41	36.625	430	8.57	1077.14
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	3	1,643	231.55	.14	102.688	7	7.18	14.47
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	7	\$ 843.08	\$ 120.44	.438	\$ 16	8.62	\$ 52.69

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,001
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

----- MONTHLY AVERAGE -----861 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 11,397 5,109,833.27 448.35 \$ 5934.77 @TOTAL, ALL PROVIDERS 102,987 \$ 49.62 119.613 \$ 1,010 @PHYSICIANS SERVICES 410 31,916.47 \$ 31.60 1.173 \$ 77.85 \$ 40.79 36.29 127 OUTPATIENT VISITS 155 6,322.92 .180 49.79 7.34 81 96 OFFICE VISITS 3,484.02 36.29 .111 43.01 4.05 0 .00 0 .00 .000 HOME VISITS .00 .00 54.29 .00 89.74 39 EMERGENCY ROOM 29 2,117.27 .045 73.01 2.46 0 2 16 48 0 2 .00 PREVENTIVE CARE .000 .00 .00 179.48 .002 89.74 OB VISITS/COMPRE PERI 18 129 OTHER OUTPATIENT 542.15 30.12 .021 33.88 37.00 38.86 .63 INPATIENT VISITS 4,772.99 .150 99.44 5.54 23 38.86 .074 108.14 HOSPITAL VISITS 2,487.25 CRITICAL CARE 4 7 86.29 .008 151.00 604.00 .70 25 SNF/ICF/TRANS IP CARE 58 1,681.74 29.00 .067 67.27 1.95 7 35.64 41.58 OPHTHALMOLOGICAL SERVICES 249.48 35.64 35.64 .008 7 EXAMINATIONS 249.48 .008 41.58 .29 0 31 6 1 .00 .00 .00 .000 .00 SERVICES AND MATERIALS 3,296.54 106.34 .036 366.28 INPATIENT HOSPITAL SURGERY 419.71 2,518.24 419.71 .007 2.92 PRINCIPAL SURGEON 101.27 101.27 101.27 ASSISTANT SURGEON .001 .12 225.68 ANESTHESIOLOGIST 24 28.21 .028 677.03 26 223.36 OUTPATIENT SURGERY 14 3,126.99 120.27 .030 3.63 15 1.3 2,802.56 186.84 215.58 PRINCIPAL SURGEON .017 3.26 .00 .00 .00 .000 .00 ASSISTANT SURGEON 2 11 29.49 162.22 ANESTHESIOLOGIST 324.43 .013 .38 1 1 225.04 225.04 DIALYSIS 225.04 .001 .26 PATHOLOGY 12 368.12 16.73 .026 30.68 .43

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	53	93		3,836.46		41.25	.108		72.39		4.46
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	41		370.97		9.05	.048		46.37		.43
OTHER SERVICES/ALL X-OVERS	213	505		9,346.96		18.51	.587		43.88		10.86
@PHARMACY	6,254	22,641	\$	2,901,866.51	\$	128.17	26.296	\$	464.00	\$	3370.34
PRESCRIPTION DRUGS	6,232	14,879		2,887,892.23		194.09	17.281		463.40		3354.11
SNF/ICF	488	1,801		308,023.43		171.03	2.092		631.20		357.75
OUTPATIENTS	5 , 794	13,078		2,579,868.80		197.27	15.189		445.27		2996.36
MEDICAL SUPPLIES	68	7,762		13,974.28		1.80	9.015		205.50		16.23
@DENTIST	2,987	14,145	\$	489,302.29	\$	34.59	16.429	\$	163.81	\$	568.30
VISITS - DIAGNOSTIC	2,006	9,604		104,399.20		10.87	11.154		52.04		121.25
ORAL SURGERY	459	1,086		54,104.75		49.82	1.261		117.88		62.84
DRUGS	1	1		25.00		25.00	.001		25.00		.03
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.12
PERIODONTICS	280	310		30,400.60		98.07	.360		108.57		35.31
ENDODONTICS	204	325		69,869.00		214.98	.377		342.50		81.15
RESTORATIVE DENTISTRY	725	1,745		122,732.45		70.33	2.027		169.29		142.55
PROSTHETICS	48	58		1,550.00		26.72	.067		32.29		1.80
DENTURES, STAYPLATES	328	943		105,251.29		111.61	1.095		320.89		122.24
SPACE MAINTAINERS	4	10		480.00		48.00	.012		120.00		.56
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	6	6		315.00		52.50	.007		52.50		.37
ALL OTHER SERVICES	54	56		75.00		1.34	.065		1.39		.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES :	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2004 THRU	DEC	2004	P	AGE 18,002
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 861 ELIGIBLES UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,848.35 @OPTOMETRIST 255 \$ 19.01 .296 \$ 51.04 \$ 5.63 32 35 39.44 DIAGNOSTIC AND ANC. PROCED 1,380.46 .041 43.14 217 15.84 EYE APPLIANCES 3,438.03 .252 41.93 3.99 OTHER OPTOMETRIC SERVICES 3 29.86 9.95 .003 14.93 .03 33.44 \$ 16.72 .002 \$ 33.44 \$ @CHIROPRACTOR VISITS 33.44 16.72 .002 33.44 .04 0 .000 OTHER SERVICES .00 .00 .00 .00 14 346.66 \$ 24.76 .016 \$ 49.52 \$.40 @PODIATRIST 187.90 5 37.58 46.98 .006 .22 MEDICINE/INJECTIONS .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY 34.60 17.30 .002 34.60 .04 7 OTHER 124.16 17.74 .008 41.39 .14 438 @HOME HEALTH AGENCY 13,643.22 31.15 .509 \$ 2728.64 \$ 15.85 0 .00 .00 \$.00 NURSE ANESTHESIST .00 \$.000 \$ NURSE MIDWIFE 0 .00 \$.00 .000 \$.00 \$.00 0 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 \$. 00 FAMILY NURSE PRACTITIONER 3 5 \$ 71.85 \$ 14.37 .006 \$ 23.95 \$ 147 699 143,854.29 978.60 \$ 167.08 @TOTAL HOSPITAL 205.80 .812 \$ HOSP INPATIENT TOTAL 4.3 67 131,738.35 1966.24 .078 3063.68 153.01 10 37 5566.68 HSC HOSPITALS 55,666.83 1504.51 .043 30 54,122.50 1804.08 13530.63 62.86 NON-HSC HOSPITAL TOTAL 4 .035 ACCOMMODATIONS 3.0 11,898.62 396.62 .035 2974.66 13.82 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS 0 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 30 11,898.62 396.62 .035 ALL OTHER ACCOM 2974.66 13.82 ANCILLARIES 42,223.88 .00 .000 10555.97 49.04

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

YOLO COUNTY

INPATIENT CROSSOVERS	29	0		21,949.02	.00	.000	756.86		25.49
ALL OTHER INPATIENT	0	Ő		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	107	632		12,115.94	19.17	.734	113.23		14.07
MEDICAL	23	31		1,376.15	44.39	.036	59.83		1.60
	1	1		21.55	21.55	.001	21.55		.03
SURGERY									
PATHOLOGY	41	308		2,229.86	7.24	.358	54.39		2.59
RADIOLOGY	23	55		3,002.68	54.59	.064	130.55		3.49
ROOM USE	53	65		2,326.35	35.79	.075	43.89		2.70
CROSSOVERS/ALL OTH OUTPTNT	45	172		3,159.35	18.37	.200	70.21		3.67
@COUNTY HOSPITAL TOTAL	4	8	\$		\$ 32.72	.009		\$.30
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	Ö		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	0		261.72	32.72	.009	65.43		.30
MEDICAL	4	0		91.90	45.95	.009	45.95		.11
	2	0				.002	.00		
SURGERY	0	U		.00	.00				.00
PATHOLOGY	1	0		40.76	13.59	.003	40.76		.05
RADIOLOGY	U	U		.00	.00	.000	.00		.00
ROOM USE	3	3		129.06	43.02	.003	43.02		.15
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
			ES M	MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU	DEC 2004	P.	AGE 18,003
MOP024	FEE-FOR-SERVICE								03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - DISABLED					
							ONTHLY AVERA		
861 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES					COST PER
					PER UNIT/DA	V DER FITC	USER		ELIGIBLE
		OR DAYS OF CARE							166 77
@COMMUNITY HOSPITAL TOTAL	144	691	\$	143,592.57	\$ 207.80	.803	\$ 997.17		
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	144 43	691 67		131,738.35	\$ 207.80 1966.24	.803 .078	\$ 997.17 3063.68		153.01
	43 10	691 67 37			\$ 207.80	.803 .078	\$ 997.17		
COMM HOSP INPATIENT TOTAL	43	691 67		131,738.35 55,666.83	\$ 207.80 1966.24	.803 .078	\$ 997.17 3063.68		153.01
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	43 10	691 67 37		131,738.35 55,666.83	\$ 207.80 1966.24 1504.51	.803 .078 .043	\$ 997.17 3063.68 5566.68		153.01 64.65
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	43 10 4	691 67 37 30		131,738.35 55,666.83 54,122.50	\$ 207.80 1966.24 1504.51 1804.08	.803 .078 .043 .035	\$ 997.17 3063.68 5566.68 13530.63		153.01 64.65 62.86
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	43 10 4 4	691 67 37 30 30		131,738.35 55,666.83 54,122.50 11,898.62 .00	\$ 207.80 1966.24 1504.51 1804.08 396.62	.803 .078 .043 .035	\$ 997.17 3063.68 5566.68 13530.63 2974.66		153.01 64.65 62.86 13.82
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	43 10 4 4 0	691 67 37 30 30		131,738.35 55,666.83 54,122.50 11,898.62 .00	\$ 207.80 1966.24 1504.51 1804.08 396.62	.803 .078 .043 .035 .035	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00		153.01 64.65 62.86 13.82 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	43 10 4 4 0	691 67 37 30 30 0		131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62	.803 .078 .043 .035 .035 .000	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 .00 2974.66		153.01 64.65 62.86 13.82 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	43 10 4 4 0 0 4	691 67 37 30 30 0 0		131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00	.803 .078 .043 .035 .035 .000 .000	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 .00 2974.66 10555.97		153.01 64.65 62.86 13.82 .00 .00 13.82 49.04
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	43 10 4 4 0 0 4 4 4 29	691 67 37 30 30 0 0 0 30 0		131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00	.803 .078 .043 .035 .035 .000 .000	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 .00 2974.66 10555.97 756.86		153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	43 10 4 4 0 0 4 4 29	691 67 37 30 30 0 0 0 30 0 0		131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00	.803 .078 .043 .035 .035 .000 .000	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 .00 2974.66 10555.97 756.86 .00		153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	43 10 4 4 0 0 4 4 29 0	691 67 37 30 30 0 0 0 0 0 0		131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00 11,854.22	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00	.803 .078 .043 .035 .035 .000 .000 .035 .000	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 .00 2974.66 10555.97 756.86 .00 113.98		153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49 .00 13.77
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	43 10 4 4 0 0 4 4 29 0 104 21	691 67 37 30 30 0 0 0 0 0 0 0		131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00 11,854.22 1,284.25	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00 .00	.803 .078 .043 .035 .035 .000 .000 .035 .000 .035	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 2974.66 10555.97 756.86 .00 113.98 61.15		153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49 .00 13.77 1.49
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	43 10 4 4 0 0 0 4 4 29 0 104 21	691 67 37 30 30 0 0 0 0 0 0 0 624 29		131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00 11,854.22 1,284.25 21.55	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00 .00 .00 44.28 21.55	.803 .078 .043 .035 .035 .000 .000 .035 .000 .000 .00	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 2974.66 10555.97 756.86 .00 113.98 61.15 21.55		153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49 .00 13.77 1.49
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	43 10 4 4 0 0 4 4 29 0 104 21 1	691 67 37 30 30 0 0 0 0 0 0 624 29 1 305		131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00 11,854.22 1,284.25 21.55 2,189.10	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00 .00 19.00 44.28 21.55 7.18	.803 .078 .043 .035 .035 .000 .000 .035 .000 .000 .00	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 2974.66 10555.97 756.86 .00 113.98 61.15 21.55 54.73		153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49 .00 13.77 1.49 .03 2.54
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	43 10 4 4 0 0 0 4 4 29 0 104 21 1 40 23	691 67 37 30 30 0 0 0 0 0 0 624 29 1 305 55		131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00 11,854.22 1,284.25 21.55 2,189.10 3,002.68	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00 .00 19.00 44.28 21.55 7.18 54.59	.803 .078 .043 .035 .035 .000 .000 .035 .000 .000 .725 .034 .001	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 2974.66 10555.97 756.86 .00 113.98 61.15 21.55 54.73 130.55		153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49 .00 13.77 1.49 .03 2.54 3.49
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	43 10 4 4 0 0 0 4 4 29 0 104 21 1 40 23 51	691 67 37 30 30 0 0 0 0 0 624 29 1 305 55 62		131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00 11,854.22 1,284.25 21.55 2,189.10 3,002.68 2,197.29	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00 .00 19.00 44.28 21.55 7.18 54.59 35.44	.803 .078 .043 .035 .035 .000 .000 .035 .000 .000 .725 .034 .001 .354 .064	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 2974.66 10555.97 756.86 .00 113.98 61.15 21.55 54.73 130.55 43.08		153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49 .00 13.77 1.49 .03 2.54 3.49 2.55
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	43 10 4 4 0 0 0 4 4 29 0 104 21 1 40 23 51 45	691 67 37 30 30 0 0 0 0 0 624 29 1 305 55 62 172	Ş	131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00 11,854.22 1,284.25 21.55 2,189.10 3,002.68 2,197.29 3,159.35	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00 .00 19.00 44.28 21.55 7.18 54.59 35.44 18.37	.803 .078 .043 .035 .035 .000 .000 .035 .000 .000 .725 .034 .001 .354 .064	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 2974.66 10555.97 756.86 .00 113.98 61.15 21.55 54.73 130.55 43.08 70.21	\$	153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49 .00 13.77 1.49 .03 2.54 3.49 2.55 3.67
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	43 10 4 4 0 0 0 4 4 29 0 104 21 1 40 23 51 45 12	691 67 37 30 30 0 0 0 0 0 624 29 1 305 55 62 172 366		131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00 11,854.22 1,284.25 21.55 2,189.10 3,002.68 2,197.29 3,159.35 257,116.68	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00 .00 .00 44.28 21.55 7.18 54.59 35.44 18.37 \$ 702.50	.803 .078 .043 .035 .035 .000 .000 .000 .000 .000 .725 .034 .001 .354 .064	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 2974.66 10555.97 756.86 .00 113.98 61.15 21.55 54.73 130.55 43.08 70.21 \$ 21426.39	\$	153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49 .00 13.77 1.49 .03 2.54 3.49 2.55 3.67 298.63
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	43 10 4 4 0 0 0 4 4 29 0 104 21 1 40 23 51 45 12 0	691 67 37 30 30 0 0 0 0 0 624 29 1 305 55 62 172 366 0	Ş	131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00 11,854.22 1,284.25 .21.55 2,189.10 3,002.68 2,197.29 3,159.35 257,116.68 .00	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00 .00 19.00 44.28 21.55 7.18 54.59 35.44 18.37 \$ 702.50	.803 .078 .043 .035 .035 .000 .000 .000 .000 .000 .725 .034 .001 .354 .064 .072 .200 .425	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 .00 2974.66 10555.97 756.86 .00 113.98 61.15 21.55 54.73 130.55 43.08 70.21 \$ 21426.39 .00	\$	153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49 .00 13.77 1.49 .03 2.54 3.49 2.55 3.67 298.63 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	43 10 4 4 0 0 0 4 4 29 0 104 21 1 40 23 51 45 12 0	691 67 37 30 30 0 0 0 0 0 624 29 1 305 55 62 172 366 0 366	\$	131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00 11,854.22 1,284.25 .21.55 2,189.10 3,002.68 2,197.29 3,159.35 257,116.68 .00 257,116.68	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00 .00 19.00 44.28 21.55 7.18 54.59 35.44 18.37 \$ 702.50 .00	.803 .078 .043 .035 .035 .000 .000 .000 .000 .725 .034 .001 .354 .064 .072 .200 .425	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 .00 2974.66 10555.97 756.86 .00 113.98 61.15 21.55 54.73 130.55 43.08 70.21 \$ 21426.39 .00 21426.39	\$	153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49 .00 13.77 1.49 .03 2.54 3.49 2.55 3.67 298.63 .00 298.63
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	43 10 4 4 0 0 0 4 4 29 0 104 21 1 40 23 51 45 12 0 12 67	691 67 37 30 30 0 0 0 0 0 0 624 29 1 305 55 62 172 366 0 366 1,602	Ş	131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00 11,854.22 1,284.25 .21.55 2,189.10 3,002.68 2,197.29 3,159.35 257,116.68 .00 257,116.68 208,211.62	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00 .00 19.00 44.28 21.55 7.18 54.59 35.44 18.37 \$ 702.50 .00 702.50 \$ 129.97	.803 .078 .043 .035 .035 .000 .000 .000 .000 .000 .725 .034 .001 .354 .064 .072 .200 .425 .000	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 .00 2974.66 10555.97 756.86 .00 113.98 61.15 21.55 54.73 130.55 43.08 70.21 \$ 21426.39 \$ 00 21426.39 \$ 3107.64	\$	153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49 .00 13.77 1.49 .03 2.54 3.49 2.55 3.67 298.63 .00 298.63 241.83
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	43 10 4 4 0 0 0 4 4 29 0 104 21 1 40 23 51 45 12 0	691 67 37 30 30 0 0 0 0 0 624 29 1 305 55 62 172 366 0 366	\$	131,738.35 55,666.83 54,122.50 11,898.62 .00 .00 11,898.62 42,223.88 21,949.02 .00 11,854.22 1,284.25 .21.55 2,189.10 3,002.68 2,197.29 3,159.35 257,116.68 .00 257,116.68	\$ 207.80 1966.24 1504.51 1804.08 396.62 .00 .00 396.62 .00 .00 .00 19.00 44.28 21.55 7.18 54.59 35.44 18.37 \$ 702.50 .00	.803 .078 .043 .035 .035 .000 .000 .000 .000 .725 .034 .001 .354 .064 .072 .200 .425	\$ 997.17 3063.68 5566.68 13530.63 2974.66 .00 .00 2974.66 10555.97 756.86 .00 113.98 61.15 21.55 54.73 130.55 43.08 70.21 \$ 21426.39 .00 21426.39	\$	153.01 64.65 62.86 13.82 .00 .00 13.82 49.04 25.49 .00 13.77 1.49 .03 2.54 3.49 2.55 3.67 298.63 .00 298.63

LEV B-REHAB MD 35	1,166		146,123.12		125.32	1.354		4174.95		169.71
LEV B-SUBACUTE FREESTANDING 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED 2	28		16,209.99		578.93	.033		8105.00		18.83
LEV B-TRANSITIONAL IP CARE 0	0		.00		.00	.000		.00		.00
LEV B-REGULAR 30	408		45,878.51		112.45	.474		1529.28		53.29
@INTERMEDIATE CARE FACILDD 0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH 0	0		.00		.00	.000		.00		.00
ICF DD 0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN 0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL 5	42	\$	2,516.23	\$	59.91	.049	\$	503.25	\$	2.92
HOSPITAL BASED 0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER 5	42		2,516.23		59.91	.049		503.25		2.92
@REHABILITATION FACILITY 6	49	\$	885.66	\$	18.07	.057	\$	147.61	\$	1.03
HOSPITAL BASED 1	2		138.33		69.17	.002		138.33		.16
INDEPENDENT FACILITY 5	47		747.33		15.90	.055		149.47		.87
@LABORATORY FACILITY 78	275	\$	2,783.16	\$	10.12	.319	\$	35.68	\$	3.23
PATHOLOGY 78	275		2,783.16		10.12	.319		35.68		3.23
XO AND OTHERS 0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC 153	501	\$	39,936.68	\$	79.71	.582	\$	261.02	\$	46.38
CLINIC 37	320		6,345.85		19.83	.372		171.51		7.37
SURGICENTER 0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC 0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC 116	181		33,590.83		185.58	.210		289.58		39.01
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES	AND EXPENDITU	RES MO	NTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 18,004
MOP024 FEE-FOR-SERVICE/D	ENTAL									03/14/05
YOLO COUNTY SUMMARY OF SERVICE	ES FOR PUBLIC	ASSIS	STANCE - DISABLE	D						

IOLO COUNTI	SUMMAKI OF SEK	VICES FOR FUBLIC ASSIS	DIANCE - DISABLED		MON	THLY AVERAGE	
861 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
001 111011110	ODEIG	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,717	60,943 \$	1,012,500.16		70.782 \$		
DURABLE MED. EQUIP.	8	14	1,022.52	73.04	.016	127.82	1.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	28	387	4,310.80	11.14	.449	153.96	5.01
AMBULANCES/AIR TRANS	21	356	3,601.58	10.12	.413	171.50	4.18
OTHER TRANS	6	338	775.16	2.29	.393	129.19	.90
OTHER SERVICES	1	307CR	65.94CR	. 21	.357CR	65.94CR	.08CR
ACUPUNCTURE	1	1	16.22	16.22	.001	16.22	.02
ADULT DAY HEALTH CARE CTR	422	6,004	417,845.32	69.59	6.973	990.15	485.30
GENETIC DISEASE TESTING	2	2	210.00	105.00	.002	105.00	.24
IHMC, MODEL-NF, NF, AIDS, MSSP	86	12,132	356 , 995.74	29.43	14.091	4151.11	414.63
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	955	2,166	22,544.82	10.41	2.516	23.61	26.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	9	63.02	7.00	.010	21.01	.07
PROSTHETIST/ORTHOTISTS	3	4	254.88	63.72	.005	84.96	.30
PROSTHETICS	3	4	254.88	63.72	.005	84.96	.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	19	25	1,283.06	51.32	.029	67.53	1.49
SPEECH AND AUDIOLOGY	2	2	45.26	22.63	.002	22.63	.05
HOSPICE SERVICES	2	48	5,453.76	113.62	.056	2726.88	6.33
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,179	22,105	152,173.21	6.88	25.674	129.07	176.74
EPSDT SUPPLEMENTAL SERVICE	15	1,648	46,552.45	28.25	1.914	3103.50	54.07
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	30	16,396	3,729.10	.23	19.043	124.30	4.33
@CALIF. CHILDREN SERVICES*	35	382	\$ 12,057.91	\$ 31.57	.444	\$ 344.51 \$	14.00
@XOVER EXCLUDING STATE HOSP**	252	777	\$ 31,998.17	\$ 41.18	.902	\$ 126.98 \$	37.16

0* Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,005 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

1010 000111	DOMINICI OF DELI	(VICED FOR FOREIC	110010	71711100 1711111110				
						MC	NTHLY AVERA	GE
3,954 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13,412	91 , 351	\$	1,732,904.00	\$ 18.97	23.103	\$ 129.21	\$ 438.27
@PHYSICIANS SERVICES	781	1,653	\$	67 , 072.39	\$ 40.58	.418	\$ 85.88	\$ 16.96
OUTPATIENT VISITS	634	870		28,420.39	32.67	.220	44.83	7.19
OFFICE VISITS	501	620		19,229.01	31.01	.157	38.38	4.86
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	105	107		5,470.34	51.12	.027	52.10	1.38
PREVENTIVE CARE	6	6		324.02	54.00	.002	54.00	.08
OB VISITS/COMPRE PERI	17	82		1,837.10	22.40	.021	108.06	.46
OTHER OUTPATIENT	43	55		1,559.92	28.36	.014	36.28	.39
INPATIENT VISITS	30	114		8,127.72	71.30	.029	270.92	2.06
HOSPITAL VISITS	25	81		3,860.79	47.66	.020	154.43	.98
CRITICAL CARE	7	33		4,266.93	129.30	.008	609.56	1.08
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	11		487.00	44.27	.003	48.70	.12
EXAMINATIONS	10	11		487.00	44.27	.003	48.70	.12
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	150		12,953.33	86.36	.038	647.67	3.28
PRINCIPAL SURGEON	14	48		10,305.12	214.69	.012	736.08	2.61
ASSISTANT SURGEON	2	2		308.11	154.06	.001	154.06	.08
ANESTHESIOLOGIST	8	100		2,340.10	23.40	.025	292.51	.59

OUTPATIENT SURGERY	53	100		6,004.50		60.05	.025	113.29		1.52
PRINCIPAL SURGEON	43	47		4,477.30		95.26	.012	104.12		1.13
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	11	53		1,527.20		28.82	.013	138.84		.39
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	63	101		1,500.01		14.85	.026	23.81		.38
RADIOLOGY	107	194		5,813.52		29.97	.049	54.33		1.47
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	2		70.30		35.15	.001	35.15		.02
OTHER SERVICES/ALL X-OVERS	62	111		3,695.62		33.29	.028	59.61		.93
@PHARMACY	1,408	6,918	\$	292,892.11	\$	42.34	1.750	\$ 208.02	\$	74.07
PRESCRIPTION DRUGS	1,399	2,991		286,264.43		95.71	.756	204.62		72.40
SNF/ICF	4	6		2,505.15		417.53	.002	626.29		.63
OUTPATIENTS	1,399	2 , 985		283,759.28		95.06	.755	202.83		71.77
MEDICAL SUPPLIES	45	3,927		6,627.68		1.69	.993	147.28		1.68
@DENTIST	5 , 805	30 , 369	\$	871,020.07	\$	28.68	7.681	\$ 150.05	\$	220.29
VISITS - DIAGNOSTIC	4,268	21 , 557		280,468.31		13.01	5.452	65.71		70.93
ORAL SURGERY	688	1,371		70,305.25		51.28	.347	102.19		17.78
DRUGS	40	41		950.00		23.17	.010	23.75		.24
ANESTHESIA	3	3		200.00		66.67	.001	66.67		.05
PERIODONTICS	214	226		19,926.50		88.17	.057	93.11		5.04
ENDODONTICS	525	926		154,016.25		166.32	.234	293.36		38.95
RESTORATIVE DENTISTRY	2,018	5 , 517		299,764.41		54.33	1.395	148.55		75.81
PROSTHETICS	13	14		442.50		31.61	.004	34.04		.11
DENTURES, STAYPLATES	74	308		22,622.76		73.45	.078	305.71		5.72
SPACE MAINTAINERS	36	50		5,323.00		106.46	.013	147.86		1.35
MAXILLOFACIAL SERVICES	10	10		826.09		82.61	.003	82.61		.21
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	178	213		15,350.00		72.07	.054	86.24		3.88
ALL OTHER SERVICES	123	133		825.00		6.20	.034	6.71		.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	JRES I	MONTH-OF-PAYMENT I	REPOI	RT FOR JAN	2004 THRU D	EC 2004	PA	AGE 18,006
MOP024	FEE-FOR-SERVICE	E/DENTAL								03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	C ASS	ISTANCE - FAMILIE:	S					
							MO	NTHLY AVERA	GE -	
3,954 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	ΑV	VERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OD DAVO OF CAL	- T		DI	TINITE / DAM	DED ELIC	HOED	т.	T T C T D T E

									TUTI WATUW	GE.	
3,954 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		ΡE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	135	356	\$	7,320.02	\$	20.56	.090	\$	54.22	\$	1.85
DIAGNOSTIC AND ANC. PROCED	77	79		3,314.67		41.96	.020		43.05		.84
EYE APPLIANCES	109	276		3,993.35		14.47	.070		36.64		1.01
OTHER OPTOMETRIC SERVICES	1	1		12.00		12.00	.000		12.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	114.77	\$	38.26	.001	\$	38.26	\$.03
MEDICINE/INJECTIONS	3	3		114.77		38.26	.001		38.26		.03
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4	7	\$	434.56	\$	62.08	.002	\$	108.64	\$.11
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	18	\$	265.38	\$	14.74	.005	\$	37.91	\$.07
@TOTAL HOSPITAL	387	1,124	\$	163,843.84	\$	145.77	.284	\$	423.37	\$	41.44
HOSP INPATIENT TOTAL	20	92		132,657.86		1441.93	.023		6632.89		33.55
HSC HOSPITALS	12	32		45,127.03		1410.22	.008		3760.59		11.41

NON-HSC HOSPITAL TOTAL	8	60		87 , 530.83	1458.85	.015	10941.35	22.14
ACCOMMODATIONS	8	60		39,860.30	664.34	.015	4982.54	10.08
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	60		39,860.30	664.34	.015	4982.54	10.08
ANCILLARIES	8	0		47,670.53	.00	.000	5958.82	12.06
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	373	1,032		31,185.98	30.22	.261	83.61	7.89
MEDICAL	69	90		3,445.08	38.28	.023	49.93	.87
SURGERY	27	32		1,439.90	45.00	.008	53.33	.36
PATHOLOGY	112	349		4,108.32	11.77	.088	36.68	1.04
RADIOLOGY	70	89		5 , 960.78	66.98	.023	85.15	1.51
ROOM USE	209	258		10,227.78	39.64	.065	48.94	2.59
CROSSOVERS/ALL OTH OUTPINT	137	214		6,004.12	28.06	.054	43.83	1.52
@COUNTY HOSPITAL TOTAL	15	44	\$	1,488.75	\$ 33.84	.011	\$ 99.25	\$.38
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	44		1,488.75	33.84	.011	99.25	.38
MEDICAL	15	16		429.02	26.81	.004	28.60	.11
SURGERY	2	2		105.93	52.97	.001	52.97	.03
PATHOLOGY	4	4		40.19	10.05	.001	10.05	.01
RADIOLOGY	2	2		63.57	31.79	.001	31.79	.02
ROOM USE	15	19		842.49	44.34	.005	56.17	.21
CROSSOVERS/ALL OTH OUTPINT		1		7.55	7.55	.000	7.55	.00
	MEDI-CAL SERVICES AND E	EXPENDITUR	RES MONTH-	OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU 1	DEC 2004	PAGE 18,007
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSISTANCE	E - FAMILIES				

					MON	NTHLY AVERA	GE
3,954 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	373	1,080 \$	162,355.09	\$ 150.33	.273	\$ 435.27	\$ 41.06
COMM HOSP INPATIENT TOTAL	20	92	132,657.86	1441.93	.023	6632.89	33.55
HSC HOSPITALS	12	32	45,127.03	1410.22	.008	3760.59	11.41
NON-HSC HOSPITALS TOTAL	8	60	87,530.83	1458.85	.015	10941.35	22.14
ACCOMMODATIONS	8	60	39,860.30	664.34	.015	4982.54	10.08
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	60	39,860.30	664.34	.015	4982.54	10.08
ANCILLARIES	8	0	47,670.53	.00	.000	5958.82	12.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	359	988	29,697.23	30.06	.250	82.72	7.51
MEDICAL	54	74	3,016.06	40.76	.019	55.85	.76
SURGERY	25	30	1,333.97	44.47	.008	53.36	.34
PATHOLOGY	108	345	4,068.13	11.79	.087	37.67	1.03
RADIOLOGY	68	87	5,897.21	67.78	.022	86.72	1.49
ROOM USE	195	239	9,385.29	39.27	.060	48.13	2.37

CROSSOVERS/ALL OTH OUTPTNT		213		5,996.57		28.15	.054		44.09		1.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	7	.00	.000	т.	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	16	102	\$	2,087.61	\$	20.47	.026	\$	130.48	Ś	.53
HOSPITAL BASED	6	52	Y	1,256.69	Y	24.17	.013	Y	209.45	Y	.32
INDEPENDENT FACILITY	10	50		830.92		16.62	.013		83.09		.21
@LABORATORY FACILITY	126	327	Ś	4,212.05	\$	12.88	.083	Ċ	33.43	Ċ	1.07
PATHOLOGY	126	327	Ą	4,212.05	Ą	12.88	.083	۲	33.43	۲	1.07
XO AND OTHERS	120	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	547	872	\$	104,932.09	\$	120.33	.221	ċ	191.83	ċ	26.54
	35	112	Ą		Ą			Ş		Ą	
CLINIC	5	29		2,114.34		18.88 35.07	.028		60.41 203.42		.53
SURGICENTER	0			1,017.10			.007				.26
HEROIN DETOX CLINIC		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	507	731		101,800.65		139.26	.185		200.79		25.75
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT RI	EPORT	L' FOR JAN 2	2004 THRU	DEC	2004	P	AGE 18,008
MOP024	FEE-FOR-SERVICE										03/14/05
YOLO COUNTY	SUMMARY OF SERV	TICES FOR PUBLIC	: ASS	ISTANCE - FAMILIES							
0.054			_				N			-	
3,954 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
	= 0.44	OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	5,841	49,602	\$	218,709.11	\$	4.41	12.545	Ş	37.44	Ş	55.31
DURABLE MED. EQUIP.	20	51		14,281.71		280.03	.013		714.09		3.61
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	26	299		3,159.41		10.57	.076		121.52		.80
AMBULANCES/AIR TRANS	26	299		3 , 159.41		10.57	.076		121.52		.80
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	48	48		5,040.00		105.00	.012		105.00		1.27
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
ODELCTAN	700	1 (72		14 506 25		0 70	122		10 EC		2 (0

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OPTICIAN

PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PORTABLE X-RAY

PROSTHETICS ORTHOTICS

PSYCHOLOGIST

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,981	17 , 695	173,648.94	9.81	4.475	34.86	43.92
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	39	29 , 798	6,108.40	.20	7.536	156.63	1.54
@CALIF. CHILDREN SERVICES*	67	785	\$ 80,306.94	\$ 102.30	.199	\$ 1198.61	\$ 20.31
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,009
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL ---- MONTHLY AVERAGE ----4,941 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 27,008 219,831 7,950,328.34 36.17 44.491 \$ 294.37 \$ 1609.05 1,217 2,722 36.88 .551 \$ 82.48 \$ 20.32 @PHYSICIANS SERVICES 100,377.49 766 OUTPATIENT VISITS 1,030 34,896.89 33.88 .208 45.56 7.06 586 31.74 39.00 OFFICE VISITS 720 22,852.13 .146 4.63 .00 HOME VISITS 0 0 .00 .00 .000 .00 134 146 7,587.61 51.97 .030 56.62 EMERGENCY ROOM 1.54 PREVENTIVE CARE 6 6 324.02 54.00 .001 54.00 .07 19 24.01 106.14 OB VISITS/COMPRE PERI 2,016.58 .017 .41 74 2,116.55 28.60 .015 35.28 OTHER OUTPATIENT .43 79 246 12,931.54 52.57 .050 163.69 INPATIENT VISITS 2.62 48 145 132.25 HOSPITAL VISITS 6,348.04 43.78 .029 11 40 442.81 CRITICAL CARE 4,870.93 121.77 .008 .99 65.87 SNF/ICF/TRANS IP CARE 61 1,712.57 28.07 .012 .35 OPHTHALMOLOGICAL SERVICES 18 736.48 40.92 .004 46.03 736.48 40.92 46.03 EXAMINATIONS 18 .004 .15 .00 SERVICES AND MATERIALS 0 0 .00 .000 .00 .00 29 181 16,249.87 89.78 .037 560.34 INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON 20 54 12,823.36 237.47 .011 641.17 2.60 3 ASSISTANT SURGEON 3 409.38 136.46 .001 136.46 .08 11 3,017.13 24.33 .025 274.28 ANESTHESIOLOGIST 124 67 126 72.47 9,131.49 .026 136.29 OUTPATIENT SURGERY 7,279.86 130.00 PRINCIPAL SURGEON 62 117.42 .013 1.47 0 .00 0 .00 .000 .00 .00 ASSISTANT SURGEON 13 64 1,851.63 28.93 .013 142.43 .37 ANESTHESIOLOGIST 1 DIALYSIS 1 225.04 225.04 .000 225.04 .05 77 24.34 PATHOLOGY 125 1,874.40 15.00 .025 162 289 33.78 RADIOLOGY 9,762.71 .058 60.26 1.98 Ω 0 .00 .00 .000 .00 .00 **PSYCHIATRY** 10 43 441.27 10.26 .009 44.13 .09 IMMUNIZATION AND INJECTION 295 21.31 OTHER SERVICES/ALL X-OVERS 663 14,127.80 .134 47.89 2.86 8,008 33,383 3,301,637.08 98.90 6.756 \$ 412.29 \$ @PHARMACY 668.21 7,970 18,585 176.52 411.62 PRESCRIPTION DRUGS 3,280,595.20 3.761 663.95 539 1,923 171.88 .389 613.21 SNF/ICF 330,522.74 66.89 7,492 16,662 2,950,072.46 177.05 3.372 393.76 597.06 OUTPATIENTS 124 14,798 2.995 169.69 1.42 4.26 MEDICAL SUPPLIES 21,041.88 9,542 47,611 31.43 9.636 \$ @DENTIST 1,496,471.83 156.83 \$ 302.87 33,013 403,952.48 12.24 6.681 60.06 VISITS - DIAGNOSTIC 6,726 81.76 .564 ORAL SURGERY 1,279 2,787 139,561.50 50.08 109.12 28.25

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	41	42		975.00	23.21	.009	23.78		.20
ANESTHESIA	4	5		300.00	60.00	.001	75.00		.06
PERIODONTICS	556	603		55,975.20	92.83	.122	100.67		11.33
ENDODONTICS	773	1,323		240,822.25	182.03	.268	311.54		48.74
RESTORATIVE DENTISTRY	2,891	7,584		450,630.01	59.42	1.535	155.87		91.20
PROSTHETICS	85	97		2,662.50	27.45	.020	31.32		.54
DENTURES, STAYPLATES	552	1,670		178,398.80	106.83	.338	323.19		36.11
SPACE MAINTAINERS	40	60		5,803.00	96.72	.012	145.08		1.17
MAXILLOFACIAL SERVICES	10	10		826.09	82.61	.002	82.61		.17
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	184	219		15,665.00	71.53	.044	85.14		3.17
ALL OTHER SERVICES	191	198		900.00	4.55	.040	4.71		.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DI	EC 2004	P	AGE 18,010
MOP024	FEE-FOR-SERVICE	/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - TOTAL					
						MOI	NTHLY AVERA	GE ·	
4,941 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	(COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	250	670	\$	14,260.15	\$ 21.28	.136		\$	2.89
DIAGNOSTIC AND ANC. PROCED	111	116		4,817.69	41.53	.023	43.40		.98
EYE APPLIANCES	209	541		9,253.47	17.10	.109	44.27		1.87
OTHER OPTOMETRIC SERVICES	6	13		188.99	14.54	.003	31.50		.04
@CHIROPRACTOR	1	2	\$	33.44	\$ 16.72	.000		\$.01
VISITS	1	2		33.44	16.72	.000	33.44		.01
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	11	18	\$	464.31	\$ 25.80	.004		\$.09
MEDICINE/INJECTIONS	7	8		302.67	37.83	.002	43.24		.06
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60		.01
OTHER	4	8		127.04	15.88	.002	31.76		.03
@HOME HEALTH AGENCY	11	543	\$	16,982.28	\$ 31.27		1543.84		3.44
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	10	23	\$	337.23	\$	14.66	.005	\$ 33.72	\$.07
@TOTAL HOSPITAL	544	1,866	Ś	317,125.33	Ś	169.95	.378			64.18
HOSP INPATIENT TOTAL	66	168		273,253.69		1626.51	.034	4140.21		55.30
HSC HOSPITALS	24	78		109,651.34		1405.79	.016	4568.81		22.19
NON-HSC HOSPITAL TOTAL	12	90		141,653.33		1573.93	.018	11804.44		28.67
	12	90						4313.24		
ACCOMMODATIONS	0	90		51,758.92		575.10	.018			10.48
ADMINISTRATIVE DAYS	_			.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	12	90		51,758.92		575.10	.018	4313.24		10.48
ANCILLARIES	12	0		89 , 894.41		.00	.000	7491.20		18.19
INPATIENT CROSSOVERS	30	0		21,949.02		.00	.000	731.63		4.44
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	487	1,698		43,871.64		25.84	.344	90.09		8.88
MEDICAL	92	121		4,821.23		39.84	.024	52.40		.98
SURGERY	28	33		1,461.45		44.29	.007	52.19		.30
PATHOLOGY	154	661		6,374.46		9.64	.134	41.39		1.29
RADIOLOGY	93	144		8,963.46		62.25	.029	96.38		1.81
ROOM USE	2.62	325		12,624.39		38.84	.066	48.00		2.56
		414		-						
CROSSOVERS/ALL OTH OUTPTNT	188		Ċ	9,626.65	Ċ	23.25	.084	51.21	Ċ	1.95
@COUNTY HOSPITAL TOTAL	19	52	\$	1,750.47	\$	33.66	.011		Ş	.35
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	19	52		1,750.47		33.66	.011	92.13		.35
MEDICAL	17	18		520.92		28.94	.004	30.64		.11
	2	2		105.93						.02
SURGERY	2	7				52.97	.000	52.97		
PATHOLOGY	5	/		80.95		11.56	.001	16.19		.02
RADIOLOGY	2	2		63.57		31.79	.000	31.79		.01
ROOM USE	18	22		971.55		44.16	.004	53.98		.20
CROSSOVERS/ALL OTH OUTPTNT		1		7.55		7.55	.000	7.55		.00
#CALIF DEPT OF HEALTH SERV			RES :	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2004 THRU	DEC 2004	P	AGE 18,011
MOP024	FEE-FOR-SERVICE/D									03/14/05
YOLO COUNTY	SUMMARY OF SERVIC	ES FOR PUBLIC	ASS	ISTANCE - TOTAL						
							M	ONTHLY AVERA	ΔGE	
4,941 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	527	1,814	\$	315,374.86	\$	173.86	.367	\$ 598.43	\$	63.83
COMM HOSP INPATIENT TOTAL	66	168		273,253.69		1626.51	.034	4140.21		55.30
HSC HOSPITALS	24	78		109,651.34		1405.79	.016	4568.81		22.19
NON-HSC HOSPITALS TOTAL	12	90		141,653.33		1573.93	.018	11804.44		28.67
ACCOMMODATIONS	12	90		51,758.92		575.10	.018	4313.24		10.48
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
	0	0								
TRANSITIONAL IP CARE				.00		.00	.000	.00		.00
ALL OTHER ACCOM	12	90		51,758.92		575.10	.018	4313.24		10.48
ANCILLARIES	12	0		89,894.41		.00	.000	7491.20		18.19
INPATIENT CROSSOVERS	30	0		21,949.02		.00	.000	731.63		4.44
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	470	1,646		42,121.17		25.59	.333		89.62		8.52
MEDICAL	75	103		4,300.31		41.75	.021		57.34		.87
SURGERY	26	31		1,355.52		43.73	.006		52.14		.27
PATHOLOGY	149	654		6,293.51		9.62	.132		42.24		1.27
RADIOLOGY	91	142		8,899.89		62.68	.029		97.80		1.80
ROOM USE	247	303		11,652.84		38.46	.061		47.18		2.36
CROSSOVERS/ALL OTH OUTPTNT	187	413		9,619.10		23.29	.084		51.44		1.95
@STATE HOSPITAL	20	610	\$	416,351.31	\$	682.54	.123	\$	20817.57	\$	84.26
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	20	610		416,351.31		682.54	.123		20817.57		84.26
@NURSING FACILITY	72	1,644	\$	212,085.92	\$	129.01	.333	\$	2945.64	\$	42.92
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	35	1,166		146,123.12		125.32	.236		4174.95		29.57
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	2	28		16,209.99		578.93	.006		8105.00		3.28
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	35	450		49,752.81		110.56	.091		1421.51		10.07
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	7	44	\$	3,806.37	\$	86.51	.009	\$	543.77	\$.77
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	7	44		3,806.37		86.51	.009		543.77		.77
@REHABILITATION FACILITY	22	151	\$	2,973.27	\$	19.69	.031	\$	135.15	\$.60
HOSPITAL BASED	7	54		1,395.02		25.83	.011		199.29		.28
INDEPENDENT FACILITY	15	97		1,578.25		16.27	.020		105.22		.32
@LABORATORY FACILITY	205	607	\$	7,027.07	\$	11.58	.123	\$	34.28	\$	1.42
PATHOLOGY	205	607		7,027.07		11.58	.123		34.28		1.42
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	748	1,435	\$	155,319.66	\$	108.24	.290	\$	207.65	\$	31.43
CLINIC	72	432		8,460.19		19.58	.087		117.50		1.71
SURGICENTER	5	29		1,017.10		35.07	.006		203.42		.21
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	671	974		145,842.37		149.74	.197		217.35		29.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	JRES M	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2004 THRU	DEC	2004	PI	AGE 18,012
MOP024	FEE-FOR-SERVICE/DENT	TAL									03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSI	STANCE - TOTAL							

USERS EXPENDITURES 4,941 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9,694 128,502 1,905,075.60 \$ 14.83 26.007 \$ 196.52 \$ 385.56 @ALL OTHER PROVIDERS 29 188.08 583.70 DURABLE MED. EQUIP. 90 16,927.37 .018 3.43 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 58 9,234.25 159.21 MEDICAL TRANSPORTATION 1,651 5.59 .334 1.87 AMBULANCES/AIR TRANS 48 656 10.47 .133 143.09 6,868.15 8 1,298 2,399.21 1.85 299.90 .49 OTHER TRANS .263 OTHER SERVICES 2 303CR 33.11CR .11 .061CR 16.56CR .01CR 1 1 16.22 ACUPUNCTURE 16.22 16.22 .000 .00 1,126 14,763 1,027,251.42 69.58 2.988 912.30 207.90 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 51 51 5,355.00 105.00 .010 105.00 1.08 159 12,607 30.59 2.552 2425.74 78.06 IHMC, MODEL-NF, NF, AIDS, MSSP 385,692.19 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 45,643.12 OPTICIAN 2,086 4,620 9.88 .935 21.88 9.24 PHYSICAL THERAPIST 0 0 .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

PORTABLE X-RAY	4	12	64.14	5.35	.002	16.04	.01
PROSTHETIST/ORTHOTISTS	5	7	380.82	54.40	.001	76.16	.08
PROSTHETICS	5	7	380.82	54.40	.001	76.16	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	28	49	2,583.89	52.73	.010	92.28	.52
SPEECH AND AUDIOLOGY	3	15	581.65	38.78	.003	193.88	.12
HOSPICE SERVICES	2	48	5,453.76	113.62	.010	2726.88	1.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6 , 171	43,842	331,762.21	7.57	8.873	53.76	67.14
EPSDT SUPPLEMENTAL SERVICE	19	2,234	63,786.71	28.55	.452	3357.20	12.91
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	77	48,512	10,342.85	.21	9.818	134.32	2.09
@CALIF. CHILDREN SERVICES*	102	1,167	\$ 92,364.85	\$ 79.15	.236	\$ 905.54	\$ 18.69
@XOVER EXCLUDING STATE HOSP**	287	873	\$ 33,712.00	\$ 38.62	.177	\$ 117.46	\$ 6.82

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,013 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

						M	ONT	HLY AVERA	.GE	
211 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	646	3,031 \$	186,129.32	\$	61.41	14.365	\$	288.13	\$	882.13
@PHYSICIANS SERVICES	24	58 \$	1,813.55	\$	31.27	.275	\$	75.56	\$	8.60
OUTPATIENT VISITS	7	7	468.04		66.86	.033		66.86		2.22
OFFICE VISITS	3	3	99.20		33.07	.014		33.07		.47
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	4	4	368.84		92.21	.019		92.21		1.75
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	2	2	74.40		37.20	.009		37.20		.35
HOSPITAL VISITS	2	2	74.40		37.20	.009		37.20		.35
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	14	335.40		23.96	.066		167.70		1.59
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	14	335.40		23.96	.066		167.70		1.59
OUTPATIENT SURGERY	2	2	305.85		152.93	.009		152.93		1.45
PRINCIPAL SURGEON	2	2	305.85		152.93	.009		152.93		1.45
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	1	4	155.33		38.83	.019		155.33		.74
RADIOLOGY	8	18	199.76		11.10	.085		24.97		.95
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	10	11	274.77		24.98	.052		27.48		1.30
@PHARMACY	138	253 \$	25,684.58	\$	101.52	1.199	\$	186.12	\$	121.73
PRESCRIPTION DRUGS	138	252	25,672.54		101.88	1.194		186.03		121.67

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	1	1		228.42	2	28.42	.005	228.42		1.08
OUTPATIENTS	137	251		25,444.12	1	01.37	1.190	185.72		120.59
MEDICAL SUPPLIES	1	1		12.04		12.04	.005	12.04		.06
@DENTIST	290	1,493	\$	54,202.50	\$	36.30	7.076	\$ 186.91	\$	256.88
VISITS - DIAGNOSTIC	187	962		9,342.50		9.71	4.559	49.96		44.28
ORAL SURGERY	45	104		5,364.00		51.58	.493	119.20		25.42
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	16	18		1,657.00		92.06	.085	103.56		7.85
ENDODONTICS	12	14		2,869.50	2	04.96	.066	239.13		13.60
RESTORATIVE DENTISTRY	71	192		11,610.50		60.47	.910	163.53		55.03
PROSTHETICS	5	5		180.00		36.00	.024	36.00		.85
DENTURES, STAYPLATES	70	196		23,179.00	1	18.26	.929	331.13		109.85
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	2	2		.00		.00	.009	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	JRES MO	NTH-OF-PAYMENT RE	EPORT F	OR JAN	2004 THRU	DEC 2004	PAG:	E 18,014
MOP024	FEE-FOR-SERVICE/DENT	TAL							1	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR MN - N	O SOC	- AGED AID	CODE 1	4 1H 1U	J 1X			
							_			

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 211 ELIGIBLES USERS PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 11 37 \$ 766.86 \$ 20.73 .175 \$ 69.71 \$ 3.63 284.70 47.45 DIAGNOSTIC AND ANC. PROCED 6 6 47.45 .028 31 482.16 15.55 48.22 EYE APPLIANCES 10 .147 2.29 0 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .000 .000 .000 .000 \$.000 .000 .00 \$.00 @CHIROPRACTOR .00 \$.00 .00 VISITS 0 .00 .00 .00 OTHER SERVICES .00 .00 .00 .00 \$ @PODIATRIST .00 \$.00 .00 .00 MEDICINE/INJECTIONS .00 .00 SURGERY/ANES. .00 .00 .00 .00 RADIO./PATHOLOGY .00 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 .000 \$.00 \$ @HOME HEALTH AGENCY 0 .00 \$.00 0 .00 \$.00 .000 \$.00 \$ NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 \$.000 \$.00 \$.00 0 0 .00 \$ FAMILY NURSE PRACTITIONER .00 \$.00 .000 \$ 19 75 @TOTAL HOSPITAL 40,728.41 \$ 543.05 .355 \$ 2143.60 \$ 193.03 2205.21 18 188.12 HOSP INPATIENT TOTAL 5 39,693.84 .085 7938.77 2 1290.00 2580.00 HSC HOSPITALS 2,580.00 .009 NON-HSC HOSPITAL TOTAL 16 37,113.84 2319.62 .076 9278.46 175.89 457.09 1828.38 ACCOMMODATIONS 16 7,313.50 .076 .00 .00 ADMINISTRATIVE DAYS 0 .000 .00 .00 .00 7,313.50 457.09 TRANSITIONAL IP CARE 0 .000 .00 .00 16 1828.38 ALL OTHER ACCOM .076 34.66 29,800.34 .00 7450.09 141.23 ANCILLARIES 0 .000 .00 .00 .00 INPATIENT CROSSOVERS 0 .000 .00 .00 .000 .00 0 ALL OTHER INPATIENT .00 57 1,034.57 18.15 .270 73.90 HOSP OUTPATIENT TOTAL MEDICAL 3 145.52 4 .00 .00 427.38 11.87 36.38 .019 48.51 .69 0 .00 SURGERY 0 .000 .00 PATHOLOGY 10 .171 42.74 2.03

RADIOLOGY	4	5	213.20	42.64	.024	53.30	1.01
ROOM USE	3	4	157.34	39.34	.019	52.45	.75
CROSSOVERS/ALL OTH OUTPINI	2 4	8	91.13	11.39	.038	22.78	.43
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINI	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT REPO	RT FOR JAN 2	2004 THRU DEC	2004	PAGE 18,015
MOP024	FEE-FOR-SERVICE/DENTAI	1					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FO	OR MN - NO SOC -	AGED AID CO	DE 14 1H 1U	1X		
					MONT	THLY AVERAG	E
211 ELIGIBLES	USERS UNITS	OF SERVICE		VERAGE COST		COST PER	COST PER
	OR DA	YS OF CARE	P	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	75 \$		543.05	.355 \$	2143.60	•
COMM HOSP INPATIENT TOTAL	5	18	39,693.84	2205.21	.085	7938.77	188.12
HSC HOSPITALS	1	2	2,580.00	1290.00	.009	2580.00	12.23
NON-HSC HOSPITALS TOTAL							
ACCOMMODATIONS	4	16 16	37,113.84 7,313.50	2319.62 457.09	.076 .076	9278.46 1828.38	175.89 34.66

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	16		7,313.50		457.09	.076		1828.38		34.66
ANCILLARIES	4	0		29,800.34		.00	.000		7450.09		141.23
	4	0				.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00							
ALL OTHER INPATIENT	U	-		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14	57		1,034.57		18.15	.270		73.90		4.90
MEDICAL	3	4		145.52		36.38	.019		48.51		.69
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	10	36		427.38		11.87	.171		42.74		2.03
RADIOLOGY	4	5		213.20		42.64	.024		53.30		1.01
ROOM USE	3	4		157.34		39.34	.019		52.45		.75
CROSSOVERS/ALL OTH OUTPTNT	4	8		91.13		11.39	.038		22.78		.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	32	\$	4,010.24	\$	125.32	.152	\$	4010.24	Ś	19.01
LEV A-INTERMEDIATE	0	0	Ψ	.00	Τ	.00	.000	т	.00	т	.00
LEV B-REHAB MD	1	32		4,010.24		125.32	.152		4010.24		19.01
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0							.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000				
LEV B-REGULAR	U		A	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00	.000	Þ		\$.00
ICF DDH	U	0		.00		.00	.000		.00		.00
ICF DD	Ü	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	14	\$	103.06	\$	7.36	.066	\$	103.06	\$.49
PATHOLOGY	1	14		103.06		7.36	.066		103.06		.49
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	18	30	\$	3,532.11	Ś	117.74	.142	Ś	196.23	Ś	16.74
CLINIC	1	4	7	80.76	-	20.19	.019	-T	80.76	7	.38
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	26		3,451.35		132.74	.123		203.02		16.36
#CALIF DEPT OF HEALTH SERV			DEC MO	ONTH-OF-PAYMENT R	E DODI			DEC		D7	AGE 18,016
MOP024	FEE-FOR-SERVICE		KES MC	JNIH-OF-FAIMENI K.	FFORI	. FOR JAN 2	LUU4 INKU	DEC	2004	<i>F I</i>	03/14/05
			0 000	3.000 3.10	CODE	1 1 1 1 1 1 1 1 1	1 37				03/14/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MN - N	0 500	- AGED AID	CODE	. 14 IH IU		ONTH.	III V 7.7.E.D.7	CE.	
211 FLICTRING	HOEDO	INTER OF SERVICE	_		7.7.7	DAGE COOR	M				
211 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		CRAGE COST			COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	189	1,039	\$	55 , 288.01	\$	53.21	4.924	Ş	292.53	Ş	262.03
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	17		190.29		11.19	.081		95.15		.90
AMBULANCES/AIR TRANS	1	8		149.38		18.67	.038		149.38		.71
OTHER TRANS	1	9		40.91		4.55	.043		40.91		.19
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	1	2		32.44		16.22	.009		32.44		.15

ADULT DAY HEALTH CARE CTR	58	738	51 , 367.44	69.60	3.498	885.65	243.45
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	4	480.00	120.00	.019	240.00	2.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	125	277	3,209.65	11.59	1.313	25.68	15.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.19	8.19	.005	8.19	.04
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	4	\$ 23.10	\$ 5.78	.019	\$ 5.78	\$.11

 $[\]emptyset^{\star}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,017
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

1020 0001111	DOINGING OF DELICE	TOES FOR THE NO SOC	DHIND	TITE CODE	2 1		
					MON	THLY AVERA	GE
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	17	47 \$	2,504.75	\$ 53.29	9.400 \$	147.34	\$ 500.95
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	5	7	\$ 1	1,032.66	\$	147.52	1.400	\$ 206.53	\$	206.53
PRESCRIPTION DRUGS	5	7	1	1,032.66		147.52	1.400	206.53		206.53
SNF/ICF	2	3		278.86		92.95	.600	139.43		55.77
OUTPATIENTS	4	4		753.80		188.45	.800	188.45		150.76
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	9	33	\$ 1	l,406.00	\$	42.61	6.600			281.20
VISITS - DIAGNOSTIC	3	22		295.00		13.41	4.400	98.33		59.00
ORAL SURGERY	1	1		45.00		45.00	.200	45.00		9.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	6	7		436.00		62.29	1.400	72.67		87.20
ENDODONTICS	1	1		215.00		215.00	.200	215.00		43.00
RESTORATIVE DENTISTRY	1	2		415.00		207.50	.400	415.00		83.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	ES MONTH-OF-E	PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC 2004	PA	AGE 18,018
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	MN - NO	SOC - BLIND			AID CODE				

1020 000111	DOIMMING OF DELICE	1000 1010 1110		DHIND		TITD CODE	2 1			
							MO	NTHLY AVE	RAGI	Ξ
05 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PE	lR	COST PER
		OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.(0 5	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	. (0	.00
EYE APPLIANCES	0	0		.00		.00	.000	. (0	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	. (.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.(0 5	.00
VISITS	0	0		.00		.00	.000	. (0	.00
OTHER SERVICES	0	0		.00		.00	.000	. (.00
@PODIATRIST	0	0	\$.00	\$.00		•	0 5	
MEDICINE/INJECTIONS	0	0		.00		.00	.000	. (.00
SURGERY/ANES.	0	0		.00		.00	.000	. (.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	. (.00
OTHER	0	0		.00		.00	.000	. (.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.(.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.(.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	•	0 5	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.(.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.(.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.(.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	. (.00
HSC HOSPITALS	0	0		.00		.00	.000	. (.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	. (.00
ACCOMMODATIONS	0	0		.00		.00	.000	. (.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	. (.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	. (.00
ALL OTHER ACCOM	0	0		.00		.00	.000	. (.00
ANCILLARIES	0	0		.00		.00	.000	. (0	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000		
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
	0	0		.00			.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0					.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	U		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	U	0		.00	.00	.000	.00	.00
MEDICAL	U	U		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	U	0		.00	.00	.000	.00	.00
RADIOLOGY	U	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE:	S MONTH-OF-PA	YMENT RE	PORT FOR JAN	2004 THRU D	EC 2004	PAGE 18,019
MOP024	FEE-FOR-SERVICE							03/14/05
MOPU24 YOLO COUNTY		/DENTAL ICES FOR MN - NO :	SOC - BLIND		AID CODE		NIMILL V VILLE	
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MN - NO		TTTIDES		MC		GE
		ICES FOR MN - NO :		ITURES	AVERAGE COST	MC I UNITS/DAYS	COST PER	GE COST PER
YOLO COUNTY 05 ELIGIBLES	SUMMARY OF SERV	CCES FOR MN - NO : UNITS OF SERVICE OR DAYS OF CARE	EXPEND		AVERAGE COST	MC I UNITS/DAYS Y PER ELIG	COST PER USER	GE COST PER ELIGIBLE
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV. USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0		.00	AVERAGE COST PER UNIT/DAY \$.00	MC I UNITS/DAYS Y PER ELIG .000	COST PER USER \$.00	COST PER ELIGIBLE \$.00
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV	CCES FOR MN - NO : UNITS OF SERVICE OR DAYS OF CARE	EXPEND	.00	AVERAGE COST PER UNIT/DAY \$.00 .00	MC I UNITS/DAYS Y PER ELIG .000 .000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV. USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPEND	.00	AVERAGE COST PER UNIT/DAY \$.00 .00	MC I UNITS/DAYS Y PER ELIG .000 .000	COST PER USER \$.00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV. USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPEND	.00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MC I UNITS/DAYS Y PER ELIG .000 .000 .000 .000	COST PER USER \$.00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV. USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPEND	.00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MC I UNITS/DAYS Y PER ELIG .000 .000 .000 .000	\$ COST PER USER \$.00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV. USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPEND	.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MC I UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000	\$ COST PER USER \$.00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV. USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPEND	.00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MC I UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000	\$ COST PER USER \$.00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV. USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPEND	.00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	MC T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV. USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPEND	.00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MC T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV. USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPEND	.00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MC T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV. USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPEND	.00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MC I UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV. USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPEND	.00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MC I UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV. USERS 0	UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPEND	.00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MC I UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV. USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPEND	.00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC I UNITS/DAYS Y PER ELIG	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV. USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPEND	.00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC I UNITS/DAYS Y PER ELIG	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV. USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPEND	.00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC I UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV. USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPEND	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC I UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV. USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPEND \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV. USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPEND	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MC T UNITS/DAYS Y PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV. USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPEND \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC T UNITS/DAYS Y PER ELIG	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV. USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPEND \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC T UNITS/DAYS Y PER ELIG	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 05 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV. USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPEND \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC T UNITS/DAYS Y PER ELIG	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PΖ	AGE 18,020
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERVICE	S FOR MN - NO	SOC	- BLIND		AID CODE					
									HLY AVERA	-	
05 ELIGIBLES		ITS OF SERVICE		EXPENDITURES		RAGE COST	,	-	COST PER		COST PER
	C	R DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	4	7	\$	66.09	\$	9.44	1.400	\$	16.52	\$	13.22
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	57.36	9.56	1.200	19.12	11.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.73	8.73	.200	8.73	1.75
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**	1	1 \$	8.73	\$ 8.73	.200	\$ 8.73	\$ 1.75

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,021
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 101 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 1,099 20,706 Ś 452,002.05 \$ 21.83 205.010 \$ 411.28 \$ 4475.27 11 16 517.24 32.33 .158 \$ 47.02 \$ 5.12 @PHYSICIANS SERVICES OUTPATIENT VISITS 2 2 68.73 34.37 .020 34.37 .68 OFFICE VISITS 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 HOME VISITS .000 EMERGENCY ROOM 0 0 .00 .00 .000 .00 .00 .000 .00 PREVENTIVE CARE 0 .00 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI .000 68.73 OTHER OUTPATIENT 34.37 .020 34.37 .68 .00 .00 INPATIENT VISITS .00 .000 .00 .00 .00 .00 HOSPITAL VISITS .000 CRITICAL CARE .00 .00 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 SERVICES AND MATERIALS .00 .00 .00 .000 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON 0 .00 .00 .000 .00 .00 0 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		301.34		150.67	.020		301.34		2.98
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	8	12		147.17		12.26	.119		18.40		1.46
@PHARMACY	545	1,302	Ś	307,276.26	\$	236.00	12.891	Ś		Ś	3042.34
PRESCRIPTION DRUGS	545	1,300	۲	307,170.64	۲	236.29	12.871	۲	563.62	7	3041.29
SNF/ICF	5	24		4,041.33		168.39	.238		808.27		40.01
OUTPATIENTS	541	1,276		303,129.31		237.56	12.634		560.31		3001.28
MEDICAL SUPPLIES	1	2		105.62		52.81	.020		105.62		1.05
@DENTIST	322	1,656	Ś	56,707.25	\$	34.24	16.396	ċ	176.11	ċ	561.46
-	223	•	Ş	•	Ą			Ą		ې	
VISITS - DIAGNOSTIC	42	1,121		11,191.25		9.98	11.099		50.18		110.80
ORAL SURGERY	42	108		4,777.00		44.23	1.069		113.74		47.30
DRUGS	-	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.010		100.00		.99
PERIODONTICS	35	44		3,406.00		77.41	.436		97.31		33.72
ENDODONTICS	31	62		9,285.00		149.76	.614		299.52		91.93
RESTORATIVE DENTISTRY	86	219		17,341.00		79.18	2.168		201.64		171.69
PROSTHETICS	6	6		90.00		15.00	.059		15.00		.89
DENTURES, STAYPLATES	27	65		10,517.00		161.80	.644		389.52		104.13
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	10	30		.00		.00	.297		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	MONTH-OF-PAYMENT I	REPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 18,022
MOP024	FEE-FOR-SERVICE	:/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	C - DISABLED 64	6G 6F	4 6U 6V 6X	8G				
							M	ONT	HLY AVERA	GΕ	
101 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	12	29	\$	485.06	\$	16.73	.287	\$	40.42	\$	4.80
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	12	29		485.06		16.73	.287		40.42		4.80
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$		\$.00
MEDICINE/INJECTIONS	0	0	т.	.00	7	.00	.000	т	.00	т	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$		\$.00
MIDGE AMEGRUEGICE	0	0	Ċ	.00	Ċ	.00		Ċ	.00		.00

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NURSE ANESTHESIST

HSC HOSPITALS

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

HOSP INPATIENT TOTAL

NURSE MIDWIFE

@TOTAL HOSPITAL

NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	6	0		4,372.76		.00	.000	728.79	43.29
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	8		35.70		4.46	.079	17.85	.35
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	2	8		35.70		4.46	.079	17.85	.35
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MOI	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC 2004	PAGE 18,023
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	MN - NO	soc -	- DISABLED 64	6G 6H	6U 6V 6X	8G		
							M	ONTHLY AVERA	GE

					MON	ITHLY AVERAC	GE
101 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	8 \$	4,408.46	\$ 551.06	.079 \$	551.06	\$ 43.65
COMM HOSP INPATIENT TOTAL	6	0	4,372.76	.00	.000	728.79	43.29
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	0	4,372.76	.00	.000	728.79	43.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	8	35.70	4.46	.079	17.85	.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	2	8		35.70		4.46	.079		17.85		.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	4	\$	919.41	\$	229.85	.040	\$	459.71	\$	9.10
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	4		919.41		229.85	.040		459.71		9.10
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	19	\$	556.26	\$	29.28	.188	\$	111.25	\$	5.51
CLINIC	2	16		307.68		19.23	.158		153.84		3.05
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	3		248.58		82.86	.030		82.86		2.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITU	JRES M	IONTH-OF-PAYMENT RI	EPORT	FOR JAN 2004	THRU	DEC	2004	PA	AGE 18,024
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	MN - N	10 SOC	C - DISABLED 64	6G 6H	6U 6V 6X 8G					
							N	I TIII ON	HIY AVERA	GE -	

					MON	THLY AVERA	GE
101 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	296	17 , 672 \$	81,132.11	\$ 4.59	174.970 \$	274.09	\$ 803.29
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	1	42.64	42.64	.010	42.64	.42
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	42.64	42.64	.010	42.64	.42
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	21	294	20,456.52	69.58	2.911	974.12	202.54
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	21	559.99	26.67	.208	140.00	5.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	83	183	1,901.04	10.39	1.812	22.90	18.82
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	183	17,162		57,987.43	3.38	169.921	316.87	574.13
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	11		184.49	16.77	.109	36.90	1.83
@CALIF. CHILDREN SERVICES*	2	2	\$	68.73	\$ 34.37	.020	\$ 34.37	\$.68
@XOVER EXCLUDING STATE HOSP**	23	36	\$	5,701.62	\$ 158.38	.356	\$ 247.90	\$ 56.45
A+ MOMAIC IN MURCE ITHEC ADE CIVEN	7 C 7 CED7D7ME	TATEODMARITON	THEN	ONIT 37 -				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,025 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

						MON	ITHLY AVERA	GE
26,263 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14,397	68 , 838	\$	2,593,895.65	\$ 37.68	2.621	180.17	\$ 98.77
@PHYSICIANS SERVICES	1,126	3 , 435	\$	183,177.66	\$ 53.33	.131	162.68	\$ 6.97
OUTPATIENT VISITS	517	1,170		40,062.50	34.24	.045	77.49	1.53
OFFICE VISITS	105	132		6,167.34	46.72	.005	58.74	.23
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	208	217		12,781.10	58.90	.008	61.45	.49
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	217	814		20,944.31	25.73	.031	96.52	.80
OTHER OUTPATIENT	7	7		169.75	24.25	.000	24.25	.01
INPATIENT VISITS	90	232		16,245.80	70.03	.009	180.51	.62
HOSPITAL VISITS	81	160		7,128.68	44.55	.006	88.01	.27
CRITICAL CARE	13	72		9,117.12	126.63	.003	701.32	.35
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3		138.01	46.00	.000	46.00	.01
OPHTHALMOLOGICAL SERVICES	3	3		138.01	46.00	.000	46.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	3	3		138.01		46.00	.000		46.00		.01
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	148	584		76,891.26	1	31.66	.022		519.54		2.93
PRINCIPAL SURGEON	84	90		60,093.32		67.70	.003		715.40		2.29
ASSISTANT SURGEON	19	19		3,530.42	1	85.81	.001		185.81		.13
ANESTHESIOLOGIST	70	475		13,267.52		27.93	.018		189.54		.51
OUTPATIENT SURGERY	85	170		9,913.44		58.31	.006		116.63		.38
PRINCIPAL SURGEON	75	110		8,275.09		75.23	.004		110.33		.32
ASSISTANT SURGEON	1	1		107.22		07.22	.000		107.22		.00
ANESTHESIOLOGIST	11	59		1,531.13		25.95	.002		139.19		.06
DIALYSIS	2	3		618.86	2	206.29	.000		309.43		.02
PATHOLOGY	174	548		7,569.91		13.81	.021		43.51		.29
RADIOLOGY	420	550		25 , 788.68		46.89	.021		61.40		.98
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	14		437.66		31.26	.001		54.71		.02
OTHER SERVICES/ALL X-OVERS	107	161		5,511.54		34.23	.006		51.51		.21
@PHARMACY	1,109	1,889	\$	129,758.16	\$	68.69	.072	\$	117.00	\$	4.94
PRESCRIPTION DRUGS	1,091	1,800		122,830.34		68.24	.069		112.59		4.68
SNF/ICF	1	. 3		267.67		89.22	.000		267.67		.01
OUTPATIENTS	1,091	1,797		122,562.67		68.20	.068		112.34		4.67
MEDICAL SUPPLIES	44	89		6,927.82		77.84	.003		157.45		.26
@DENTIST	6,600	33,713	\$	928,022.85	\$	27.53	1.284	\$	140.61	\$	35.34
VISITS - DIAGNOSTIC	4,906	23,912		287,164.80		12.01	.910		58.53		10.93
ORAL SURGERY	817	1,438		72,103.35		50.14	.055		88.25		2.75
DRUGS	40	42		900.00		21.43	.002		22.50		.03
ANESTHESIA	2	2		200.00	1	.00.00	.000		100.00		.01
PERIODONTICS	333	358		32,421.10		90.56	.014		97.36		1.23
ENDODONTICS	594	1,018		155,397.25	1	52.65	.039		261.61		5.92
RESTORATIVE DENTISTRY	2,311	5,943		324,449.15		54.59	.226		140.39		12.35
PROSTHETICS	47	53		1,730.00		32.64	.002		36.81		.07
DENTURES, STAYPLATES	93	448		27,647.10		61.71	.017		297.28		1.05
SPACE MAINTAINERS	42	52		5,505.10	1	05.87	.002		131.07		.21
MAXILLOFACIAL SERVICES	5	5		200.00		40.00	.000		40.00		.01
FRACTURES, DISLOCATIONS	1	1		1,200.00	12	200.00	.000		1200.00		.05
ORTHODONTIC SERVICES	202	266		17,830.00		67.03	.010		88.27		.68
ALL OTHER SERVICES	173	175		1,275.00		7.29	.007		7.37		.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITU	RES N	MONTH-OF-PAYMENT RI	EPORT E	OR JAN	2004 THRU	DEC	2004	P	AGE 18,026
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERVICE	S FOR MN-NOS	OC-FA	AM 34 39 3N 3T 3V 5	54 59 5	J 5W-5	Y 6J 7J 7K				

----- MONTHLY AVERAGE -----26,263 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 72 47.33 \$ @OPTOMETRIST 170 \$ 3,407.66 \$ 20.05 .006 \$.13 30 42.17 46.86 DIAGNOSTIC AND ANC. PROCED 1,265.13 .001 15.30 33.48 EYE APPLIANCES 64 140 2,142.53 .005 .08 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$ @CHIROPRACTOR .00 .00 VISITS 0 .00 .000 .00 OTHER SERVICES 0 .00 .000 .00 .00 .00 \$.00 .00 \$ @PODIATRIST .000 \$.00 .00 .000 .00 .00 MEDICINE/INJECTIONS SURGERY/ANES. .00 .00 .000 .00 .00 .00 .00 .00 RADIO./PATHOLOGY .000 OTHER 0 .00 .00 .00 .000 .00 264.03 \$.000 \$ 132.02 \$ @HOME HEALTH AGENCY 66.01 .01 NURSE ANESTHESIST 300.65 21.48 .001 \$ 150.33 \$

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	854	3 , 576	\$	857,749.81	\$	239.86	.136	\$	1004.39	\$	32.66
HOSP INPATIENT TOTAL	198	676		787,920.45		1165.56	.026		3979.40		30.00
HSC HOSPITALS	56	187		249,842.42		1336.06	.007		4461.47		9.51
NON-HSC HOSPITAL TOTAL	144	489		538,078.03		1100.36	.019		3736.65		20.49
ACCOMMODATIONS	144	489		165,190.83		337.81	.019		1147.16		6.29
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	144	489		165,190.83		337.81	.019		1147.16		6.29
ANCILLARIES	143	0		372,887.20		.00	.000		2607.60		14.20
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	744	2,900		69,829.36		24.08	.110		93.86		2.66
MEDICAL	84	101		2,666.50		26.40	.004		31.74		.10
SURGERY	97	170		4,933.48		29.02	.006		50.86		.19
PATHOLOGY	337	1,336		15,116.39		11.31	.051		44.86		.58
RADIOLOGY	223	299		18,328.63		61.30	.011		82.19		.70
ROOM USE	357	445		17,318.51		38.92	.017		48.51		.66
CROSSOVERS/ALL OTH OUTPTNT	332	549		11,465.85		20.88	.021		34.54		. 44
@COUNTY HOSPITAL TOTAL	8	19	\$	6,065.04	\$.001	\$	758.13	\$.23
CO HOSPITAL INPATIENT TOTAL	2	4		5,406.04		1351.51	.000		2703.02		.21
HSC HOSPITALS	2	4		5,406.04		1351.51	.000		2703.02		.21
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	7	15		659.00		43.93	.001		94.14		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		81.07		81.07	.000		81.07		.00
PATHOLOGY	1	6		50.74		8.46	.000		50.74		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	4		252.37		63.09	.000		126.19		.01
CROSSOVERS/ALL OTH OUTPINT	4	4		274.82		68.71	.000		68.71		.01
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA		URES I	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2004 THRU	DEC	2004	PA	GE 18,027 03/14/05
YOLO COUNTY	SUMMARY OF SERVICES F		SOC-F	AM 34 39 3N 3T 3V	54 5	9 5.T 5W-5Y	6.T 7.T 7K				55/11/05
10710 0001/11	COLUMNIC OF DELICITOR F	OT/ 1-11A 1AOF	JUU 11	J. J. JIV J. JV	J 1 J	. J J J J J V V J I				C T	

----- MONTHLY AVERAGE -----26,263 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 849 .135 \$ 1003.16 \$ @COMMUNITY HOSPITAL TOTAL 3,557 \$ 851,684.77 \$ 239.44 32.43 COMM HOSP INPATIENT TOTAL 196 672 782,514.41 1164.46 .026 3992.42 29.80 54 183 244,436.38 1335.72 4526.60 HSC HOSPITALS .007 9.31 NON-HSC HOSPITALS TOTAL 144 489 538,078.03 1100.36 .019 3736.65 20.49 144 489 337.81 1147.16 6.29 ACCOMMODATIONS 165,190.83 .019 0 0 0 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 489 144 165,190.83 337.81 .019 1147.16 6.29 ALL OTHER ACCOM 143 0 372,887.20 .00 2607.60 ANCILLARIES .000 14.20 .00 INPATIENT CROSSOVERS 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00

COMM HOSP OUTPATIENT TOTAL	740	2,885		69,170.36		23.98	.110		93.47		2.63
MEDICAL	84	101		2,666.50		26.40	.004		31.74		.10
SURGERY	96	169		4,852.41		28.71	.006		50.55		.18
PATHOLOGY	337	1,330		15,065.65		11.33	.051		44.71		.57
RADIOLOGY	223	299		18,328.63		61.30	.011		82.19		.70
ROOM USE	356	441		17,066.14		38.70	.017		47.94		.65
CROSSOVERS/ALL OTH OUTPTNT	328	545		11,191.03		20.53	.021		34.12		.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	95	\$	12,957.05	\$	136.39	.004	\$	2159.51	\$.49
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	95		12,957.05		136.39	.004		2159.51		.49
@REHABILITATION FACILITY	15	226	\$	3,532.84	\$	15.63	.009	\$	235.52	\$.13
HOSPITAL BASED	2	3		72.91		24.30	.000		36.46		.00
INDEPENDENT FACILITY	13	223		3,459.93			.008		266.15		.13
@LABORATORY FACILITY	609	1,541	\$	22,806.85	\$	14.80	.059	\$	37.45	\$.87
PATHOLOGY	609	1,541		22,806.85		14.80	.059		37.45		.87
XO AND OTHERS	0	0		.00		.00	.000				.00
@ORGANIZED OUTPATIENT CLINIC	1,282	7 , 479	\$	262,741.07	\$.285	\$	204.95	\$	10.00
CLINIC	830	6 , 863		181,719.69		26.48	.261		218.94		6.92
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	452	616		81,021.38		131.53	.023		179.25		3.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES I	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 18,028
MOP024	FEE-FOR-SERVICE/DE	INTAL									03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

26,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,786	16,696 \$	189,177.02	\$ 11.33	.636	39.53	\$ 7.20
DURABLE MED. EQUIP.	3	6	216.54	36.09	.000	72.18	.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	55	406	7,924.53	19.52	.015	144.08	.30
AMBULANCES/AIR TRANS	54	405	6,124.53	15.12	.015	113.42	.23
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	164	164	17,220.00	105.00	.006	105.00	.66
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	903	1,904	17,167.77	9.02	.072	19.01	.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	61.00	61.00	.000	61.00	.00
PROSTHETICS	1	1	61.00	61.00	.000	61.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	113.97	56.99	.000	113.97	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3 , 687	14,212	146,465.20	10.31	.541	39.72	5.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	74	1,664	\$ 65,146.80	\$ 39.15	.063	\$ 880.36	\$ 2.48
@XOVER EXCLUDING STATE HOSP**	5	8	\$ 2,625.45	\$ 328.18	.000	\$ 525.09	\$.10

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,029 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

TOLO COUNTI	SUMMAKI OF SEK	VICES FOR MIN - NO S	50C	- IOIAL			MC	ייידער	ענים אווים	CF	
26,580 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ATTED A C	E COCT	UNITS/DAYS		ndi Avera COST PER	-	COST PER
20,300 ELIGIBLES	CALCO	OR DAYS OF CARE		EVEFUDIIONES	PER UN			,	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	16,159		5	3,234,531.77		4.92	3.485	Ġ	200.17		121.69
@PHYSICIANS SERVICES	1,161	3,509		185,508.45		2.87	.132		159.78		6.98
OUTPATIENT VISITS	526	1,179	,	40,599.27		4.44	.044	Y	77.18	Y	1.53
OFFICE VISITS	108	135		6,266.54		6.42	.005		58.02		.24
HOME VISITS	0	0		.00	-	.00	.000		.00		.00
EMERGENCY ROOM	212	221		13,149.94	5	9.50	.008		62.03		.49
PREVENTIVE CARE	0	0		.00	9	.00	.000		.00		.00
OB VISITS/COMPRE PERI	217	814		20,944.31	2	5.73	.031		96.52		.79
OTHER OUTPATIENT	9	9		238.48		6.50	.000		26.50		.01
INPATIENT VISITS	92	234		16,320.20		9.74	.009		177.39		.61
HOSPITAL VISITS	83	162		7,203.08		4.46	.006		86.78		.27
CRITICAL CARE	13	72		9,117.12		6.63	.003		701.32		.34
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		138.01	4	6.00	.000		46.00		.01
EXAMINATIONS	3	3		138.01	4	6.00	.000		46.00		.01
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	150	598		77,226.66	12	9.14	.022		514.84		2.91
PRINCIPAL SURGEON	84	90		60,093.32	66	7.70	.003		715.40		2.26
ASSISTANT SURGEON	19	19		3,530.42	18	5.81	.001		185.81		.13
ANESTHESIOLOGIST	72	489		13,602.92	2	7.82	.018		188.93		.51
OUTPATIENT SURGERY	87	172		10,219.29	5	9.41	.006		117.46		.38
PRINCIPAL SURGEON	77	112		8,580.94	7	6.62	.004		111.44		.32
ASSISTANT SURGEON	1	1		107.22	10	7.22	.000		107.22		.00
ANESTHESIOLOGIST	11	59		1,531.13		5.95	.002		139.19		.06
DIALYSIS	2	3		618.86		6.29	.000		309.43		.02
PATHOLOGY	175	552		7,725.24		4.00	.021		44.14		.29
RADIOLOGY	429	570		26 , 289.78	4	6.12	.021		61.28		.99
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	14		437.66		1.26	.001		54.71		.02
OTHER SERVICES/ALL X-OVERS	125	184		- ,		2.25	.007		47.47		.22
@PHARMACY	1,797	3,451	•	463,751.66				\$		\$	
PRESCRIPTION DRUGS	1,779	3 , 359		456 , 706.18	13	5.96	.126		256.72		17.18

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	9	31		4,816.28	155.36	.001	535.14	.18
OUTPATIENTS	1,773	3,328		451,889.90	135.78	.125	254.87	17.00
MEDICAL SUPPLIES	46	92		7,045.48	76.58	.003	153.16	.27
@DENTIST	7,221	36 , 895	\$	1,040,338.60	\$ 28.20	1.388	\$ 144.07	\$ 39.14
VISITS - DIAGNOSTIC	5,319	26,017		307,993.55	11.84	.979	57.90	11.59
ORAL SURGERY	905	1,651		82,289.35	49.84	.062	90.93	3.10
DRUGS	40	42		900.00	21.43	.002	22.50	.03
ANESTHESIA	3	3		300.00	100.00	.000	100.00	.01
PERIODONTICS	390	427		37,920.10	88.81	.016	97.23	1.43
ENDODONTICS	638	1,095		167,766.75	153.21	.041	262.96	6.31
RESTORATIVE DENTISTRY	2,469	6,356		353,815.65	55.67	.239	143.30	13.31
PROSTHETICS	58	64		2,000.00	31.25	.002	34.48	.08
DENTURES, STAYPLATES	190	709		61,343.10	86.52	.027	322.86	2.31
SPACE MAINTAINERS	42	52		5,505.10	105.87	.002	131.07	.21
MAXILLOFACIAL SERVICES	5	5		200.00	40.00	.000	40.00	.01
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.000	1200.00	.05
ORTHODONTIC SERVICES	202	266		17,830.00	67.03	.010	88.27	.67
ALL OTHER SERVICES	185	207		1,275.00	6.16	.008	6.89	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 18,030
MOP024	FEE-FOR-SERVICE/DE	NTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	S FOR MN - N	10 SOC	- TOTAL				
						N	MONTHLY AVERA	GE

							[v]	OIAT	IUTI YAFVY	.GE	
26,580 ELIGIBLES	USERS	UNITS OF SERVICE	Ē	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	C		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	95	236	\$	4,659.58	\$	19.74	.009	\$	49.05	\$.18
DIAGNOSTIC AND ANC. PROCED	33	36		1,549.83		43.05	.001		46.96		.06
EYE APPLIANCES	86	200		3,109.75		15.55	.008		36.16		.12
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4 \$	264.03	\$ 66.01	.000 \$	132.02	
NURSE ANESTHESIST	2	14 \$	300.65	\$ 21.48	.001 \$	150.33	\$.01
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
	-	0 \$.00	\$.00		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00		.00	
FAMILY NURSE PRACTITIONER							
@TOTAL HOSPITAL	881	3,659 \$	902,886.68	\$ 246.76	.138 \$	1024.84	
HOSP INPATIENT TOTAL	209	694	831,987.05	1198.83	.026	3980.80	31.30
HSC HOSPITALS	57	189	252,422.42	1335.57	.007	4428.46	9.50
NON-HSC HOSPITAL TOTAL	148	505	575 , 191.87	1138.99	.019	3886.43	21.64
ACCOMMODATIONS	148	505	172,504.33	341.59	.019	1165.57	6.49
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	148	505	172,504.33	341.59	.019	1165.57	6.49
ANCILLARIES	147	0	402,687.54	.00	.000	2739.37	15.15
INPATIENT CROSSOVERS	6	0	4,372.76	.00	.000	728.79	.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	760	2,965	70,899.63	23.91	.112	93.29	2.67
MEDICAL	87	105	2,812.02	26.78	.004	32.32	.11
SURGERY	97	170	4,933.48	29.02	.006	50.86	.19
PATHOLOGY	347	1,372	15,543.77	11.33	.052	44.79	.58
RADIOLOGY	227	304	18,541.83	60.99	.011	81.68	.70
ROOM USE	360	449	17,475.85	38.92	.017	48.54	.66
CROSSOVERS/ALL OTH OUTPTNT	338	565	11,592.68	20.52	.021	34.30	.44
@COUNTY HOSPITAL TOTAL	8	19 \$	6,065.04	\$ 319.21	.001 \$	758.13	
CO HOSPITAL INPATIENT TOTAL	2	4		1351.51		2703.02	
			5,406.04		.000		.20
HSC HOSPITALS	2	4	5,406.04	1351.51	.000	2703.02	.20
NON-HSC HOSPITALS TOTAL	7	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	15	659.00	43.93	.001	94.14	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	81.07	81.07	.000	81.07	.00
PATHOLOGY	1	6	50.74	8.46	.000	50.74	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	4	252.37	63.09	.000	126.19	.01
CROSSOVERS/ALL OTH OUTPINT	4	4	274.82	68.71	.000	68.71	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DEC	2004	PAGE 18,031
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SOC -	TOTAL				
					MONT	HLY AVERA	GE
26,580 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	876	3,640 \$	896,821.64	\$ 246.38		1023.77	
COMM HOSP INPATIENT TOTAL	207	690	826,581.01	1197.94	.026	3993.14	31.10
HSC HOSPITALS	55	185	247,016.38	1335.22	.007	4491.21	9.29
NON-HSC HOSPITALS TOTAL	148	505	575,191.87	1138.99	.019	3886.43	21.64
ACCOMMODATIONS	148	505	172,504.33	341.59	.019	1165.57	6.49
1100011101111110110	140	303	1,2,004.00	011.00	• 0 ± 2	1100.07	0.10

	_	_									
ADMINISTRATIVE DAYS	O	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	148	505		172,504.33		341.59	.019		1165.57		6.49
ANCILLARIES	147	0		402 , 687.54		.00	.000		2739.37		15.15
INPATIENT CROSSOVERS	6	0		4,372.76		.00	.000		728.79		.16
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	756	2,950		70,240.63		23.81	.111		92.91		2.64
MEDICAL	87	105		2,812.02		26.78	.004		32.32		.11
SURGERY	96	169		4,852.41		28.71	.006		50.55		.18
PATHOLOGY	347	1,366		15,493.03		11.34	.051		44.65		.58
RADIOLOGY	227	304		18,541.83		60.99	.011		81.68		.70
	359	445		17,223.48		38.70	.017		47.98		.65
ROOM USE											
CROSSOVERS/ALL OTH OUTPTNT		561		11,317.86		20.17	.021		33.89		.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	32	\$	4,010.24	\$	125.32	.001	\$	4010.24	\$.15
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	32		4,010.24		125.32	.001		4010.24		.15
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Ψ	.00	т	.00	.000	т	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	99	\$	13,876.46	\$	140.17	.004	ċ	1734.56	ċ	.52
	0	0	Ą		Ą	.00		ې	.00	Ą	.00
HOSPITAL BASED	0			.00			.000				
HEMODIALYSIS CENTER	8	99	<u> </u>	13,876.46	<u>^</u>	140.17	.004	<u>^</u>	1734.56	<u>^</u>	.52
@REHABILITATION FACILITY	15	226	\$	3,532.84	\$	15.63	.009	Ş	235.52	Ş	.13
HOSPITAL BASED	2	3		72.91		24.30	.000		36.46		.00
INDEPENDENT FACILITY	13	223		3,459.93		15.52	.008		266.15		.13
@LABORATORY FACILITY	610	1,555	\$	22 , 909.91	\$	14.73	.059	\$	37.56	\$.86
PATHOLOGY	610	1,555		22,909.91		14.73	.059		37.56		.86
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,305	7 , 528	\$	266,829.44	\$	35.44	.283	\$	204.47	\$	10.04
CLINIC	833	6 , 883		182,108.13		26.46	.259		218.62		6.85
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	472	645		84,721.31		131.35	.024		179.49		3.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	JRES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 18,032
MOP024	FEE-FOR-SERVICE										03/14/05
YOLO COUNTY		/ICES FOR MN - 1	NO SOC	- TOTAL							, ,
1020 000111	DOIMING OF BEILV	1020 1010 1110 1	500	101111			M	тиоі	HIY AVERA	GE -	
26,580 ELIGIBLES	USERS	UNITS OF SERVI	~E	EXPENDITURES	AVF	RAGE COST	UNITS/DAY		COST PER		OST PER
20,000 111011110	OSERS	OR DAYS OF CAL		EMI EMBITORES			PER ELIG				LIGIBLE
@ALL OTHER PROVIDERS	5,275	35,414	\$	325,663.23		9.20	1.332		61.74		12.25
-		•	Ą	216.54				ې			
DURABLE MED. EQUIP.	3	6 0		.00		36.09	.000		72.18		.01
BLOOD BANK	•										
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	58	424		8,157.46		19.24	.016		140.65		.31
AMBULANCES/AIR TRANS	55	413		6,273.91		15.19	.016		114.07		.24
OTHER TRANS	1	9		40.91		4.55	.000		40.91		.00
OTHER SERVICES	2	2		1,842.64		921.32	.000		921.32		.07
ACUPUNCTURE	1	2		32.44		16.22	.000		32.44		.00

ADULT DAY HEALTH CARE CTR	79	1,032	71 , 823.96	69.60	.039	909.16	2.70
GENETIC DISEASE TESTING	164	164	17,220.00	105.00	.006	105.00	.65
IHMC, MODEL-NF, NF, AIDS, MSSP	6	25	1,039.99	41.60	.001	173.33	.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,114	2,370	22,335.82	9.42	.089	20.05	.84
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	61.00	61.00	.000	61.00	.00
PROSTHETICS	1	1	61.00	61.00	.000	61.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	113.97	56.99	.000	113.97	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3 , 870	31,374	204,452.63	6.52	1.180	52.83	7.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	14	209.42	14.96	.001	26.18	.01
@CALIF. CHILDREN SERVICES*	76	1,666	\$ 65,215.53	\$ 39.14	.063	\$ 858.10	\$ 2.45
@XOVER EXCLUDING STATE HOSP**	33	49	\$ 8,358.90	\$ 170.59	.002	\$ 253.30	\$.31

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,033
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

1020 0001111	DOINTH OF DELC	TODO TOTO THE		TITE CODE I			
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	49	185 \$	9,334.62	\$ 50.46	.000 \$	190.50	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	13	20	\$	2,474.07	\$	123.70	.000	\$	190.31	\$.00
PRESCRIPTION DRUGS	13	20		2,474.07		123.70	.000		190.31		.00
SNF/ICF	9	12		1,754.64		146.22	.000		194.96		.00
OUTPATIENTS	5	8		719.43		89.93	.000		143.89		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	26	105	\$	2,941.00	\$	28.01	.000	\$	113.12	\$.00
VISITS - DIAGNOSTIC	14	50		173.00		3.46	.000		12.36		.00
ORAL SURGERY	9	38		445.00		11.71	.000		49.44		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		118.00		59.00	.000		59.00		.00
ENDODONTICS	1	2		430.00		215.00	.000		430.00		.00
RESTORATIVE DENTISTRY	3	7		830.00		118.57	.000		276.67		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	4		945.00		236.25	.000		315.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	2		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 18,034
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

						MC	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

YOLO COUNTY

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.0	10
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.0	10
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.0	10
MEDICAL	0	0		.00	.00	.000	.00	.0	10
SURGERY	0	0		.00	.00	.000	.00	.0	10
PATHOLOGY	0	0		.00	.00	.000	.00	.0	10
RADIOLOGY	0	0		.00	.00	.000	.00	.0	10
ROOM USE	0	0		.00	.00	.000	.00	.0	10
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.0	10
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.0	10
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.0	10
HSC HOSPITALS	0	0		.00	.00	.000	.00	.0	10
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.0	10
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.0	10
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.0	10
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.0	10
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.0	
ANCILLARIES	0	0		.00	.00	.000	.00	.0	10
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.0	10
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.0	10
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.0	10
MEDICAL	0	0		.00	.00	.000	.00	.0	10
SURGERY	0	0		.00	.00	.000	.00	.0	
PATHOLOGY	0	0		.00	.00	.000	.00	.0	10
RADIOLOGY	0	0		.00	.00	.000	.00	.0	10
ROOM USE	0	0		.00	.00	.000	.00	.0	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.0	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MONTH-C	F-PAYMENT RE	PORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,	
MOP024	FEE-FOR-SERVICE/DI							03/14	1/05
YOLO COUNTY	SUMMARY OF SERVICE	ES FOR MN - SO	C - AGED		AID CODE 17				
							THLY AVERA		
00 ELIGIBLES	USERS UI	NITS OF SERVICE	EX	YPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	ίR

		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER	Ι	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MENTALLY ILL	0	0		.00	'	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	31	\$	2,028.63	\$	65.44	.000	\$	2028.63	Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00	т	.00	.000	т	.00	Τ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	31		2,028.63		65.44	.000		2028.63		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
ICF DDH	0	0	т	.00	т	.00	.000	т	.00	Τ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	-	.00	,	.00	.000	7	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	-	.00	,	.00	.000	7	.00	т.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	·	.00	·	.00	.000		.00	•	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00			.000				.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITUR	ES	MONTH-OF-PAYMENT R							
	FEE-FOR-SERVICE/										03/14/05
)C -	AGED	AI	D CODE 17	1Y				, ,
							M	ONT	HLY AVERA	GE -	
00 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES	AVE						
		OR DAYS OF CARE			PEF	R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	9	29		1,890.92			.000				
DURABLE MED. EQUIP.	0	0		.00	•	.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	29	1,890.92	65.20	.000	210.10	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,037 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
	0	0								
PATHOLOGY	•	U	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00		.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00		.00	.000		.00		.00
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	0	0	.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
@DENTIST	0		.00	\$.00	.000	\$.00	\$.00
	0	0		Ą			۲		Ą	
VISITS - DIAGNOSTIC	•		.00		.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
	•	0								
ORTHODONTIC SERVICES	Ö	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 MEDI-CAL SERVICE	0 ES AND EXPENDITURES	.00	REPORT	.00	.000	DEC 2	.00	PΑ	.00 .00 AGE 18,038
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURES DENTAL	.00 .00 MONTH-OF-PAYMENT F	REPORT	.00 .00 FOR JAN 2	.000 .000 2004 THRU	DEC 2	.00	PΑ	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURES	.00 .00 MONTH-OF-PAYMENT F	REPORT	.00	.000 .000 2004 THRU		.00		.00 .00 AGE 18,038
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERV	0 ES AND EXPENDITURES DENTAL ICES FOR MN - SOC	.00 .00 S MONTH-OF-PAYMENT F		.00 .00 FOR JAN 2	.000 .000 2004 THRU	ONTHL	.00 .00 004 Y AVERA		.00 .00 AGE 18,038
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURES DENTAL	.00 .00 MONTH-OF-PAYMENT F		.00 .00 FOR JAN 2	.000 .000 2004 THRU	ONTHL	.00	GE -	.00 .00 AGE 18,038 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERV	0 ES AND EXPENDITURES DENTAL ICES FOR MN - SOC	.00 .00 S MONTH-OF-PAYMENT F	AVE	.00 .00 FOR JAN 2	.000 .000 2004 THRU	ONTHL'	.00 .00 004 Y AVERA	GE -	.00 .00 AGE 18,038 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERV	0 ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE	.00 .00 S MONTH-OF-PAYMENT F - BLIND EXPENDITURES	AVE	.00 .00 FOR JAN 2 AID CODE RAGE COST	.000 .000 2004 THRU : 27 Mo UNITS/DAY:	ONTHL' S CO	.00 .00 004 Y AVERA ST PER	GE -	.00 .00 AGE 18,038 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS	0 ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.00 .00 S MONTH-OF-PAYMENT F - BLIND EXPENDITURES	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY	.000 .000 2004 THRU : 27 Me UNITS/DAY: PER ELIG	ONTHL' S CO	.00 .00 004 Y AVERA ST PER USER	GE - C E	.00 .00 AGE 18,038 03/14/05 COST PER
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS	0 ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 S MONTH-OF-PAYMENT F - BLIND EXPENDITURES .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST .UNIT/DAY .00 .00	.000 .000 2004 THRU : 27 M UNITS/DAY: PER ELIG .000 .000	ONTHL' S CO	.00 .00 004 Y AVERA ST PER USER .00 .00	GE - C E	.00 .00 AGE 18,038 03/14/05 COST PER CLIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS	O ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O	.00 .00 S MONTH-OF-PAYMENT F - BLIND EXPENDITURES .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST .UNIT/DAY .00 .00	.000 .000 2004 THRU : 27 M UNITS/DAY: PER ELIG .000 .000	ONTHL' S CO	.00 .00 004 Y AVERA ST PER USER .00 .00	GE - C E	.00 .00 AGE 18,038 03/14/05 COST PER CLIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 0 0 0 MEDI-CAL SERVICE, SUMMARY OF SERV. USERS 0 0 0 0 0 0	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O	.00 .00 S MONTH-OF-PAYMENT F - BLIND EXPENDITURES \$.00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST .UNIT/DAY .00 .00 .00	.000 .000 2004 THRU : 27 M UNITS/DAY: PER ELIG .000 .000 .000	ONTHL' S CO: 1	.00 .00 004 Y AVERA ST PER USER .00 .00	GE - C E \$.00 .00 AGE 18,038 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O	.00 .00 .00 MONTH-OF-PAYMENT F - BLIND EXPENDITURES .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST .UNIT/DAY .00 .00 .00 .00	.000 .000 2004 THRU : 27 M UNITS/DAY: PER ELIG .000 .000 .000	ONTHL' S CO	.00 .00 004 Y AVERA ST PER USER .00 .00 .00	GE - C E \$.00 .00 AGE 18,038 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O	.00 .00 .00 S MONTH-OF-PAYMENT F - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST .UNIT/DAY .00 .00 .00 .00	.000 .000 2004 THRU 1 27 	ONTHL' S CO: 1	.00 .00 004 Y AVERA ST PER USER .00 .00 .00	GE - C E \$.00 .00 AGE 18,038 03/14/05 COST PER CLIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O	.00 .00 .00 MONTH-OF-PAYMENT F - BLIND EXPENDITURES .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 2004 THRU 1 27 	ONTHL S CO: \$.00 .00 004 Y AVERA ST PER USER .00 .00 .00	GE - C E \$.00 .00 AGE 18,038 03/14/05 COST PER CLIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 2004 THRU 1 27 	ONTHL' S CO: 1	.00 .00 004 Y AVERA ST PER USER .00 .00 .00 .00	GE - C E \$.00 .00 .00 AGE 18,038 03/14/05 COST PER CLIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	USERS O O O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS O O O O O O O O O O O O O O O O O O	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 1 27 	ONTHL S CO: \$.00 .00 004 Y AVERA ST PER USER .00 .00 .00 .00	GE - C E \$.00 .00 .00 AGE 18,038 03/14/05 COST PER CLIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	USERS O O O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS O O O O O O O O O O O O O O O O O O	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 S MONTH-OF-PAYMENT F - BLIND EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 .000 2004 THRU 1 27 	ONTHL S CO: \$.00 .00 .00 004 Y AVERA ST PER USER .00 .00 .00 .00 .00	GE - C E \$.00 .00 .00 AGE 18,038 03/14/05 COST PER CLIGIBLE .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 S MONTH-OF-PAYMENT F - BLIND EXPENDITURES S .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2004 THRU 1 27 	ONTHL S CO: \$.00 .00 .00 .00 Y AVERA ST PER USER .00 .00 .00 .00 .00	GE - C E \$.00 .00 .00 .00 .05 18,038 .03/14/05 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 .000 2004 THRU 1 27 	ONTHL S CO: \$.00 .00 .00 .00 Y AVERA ST PER USER .00 .00 .00 .00 .00 .00	GE - E \$ \$.00 .00 .00 AGE 18,038 03/14/05 COST PER CLIGIBLE .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2004 THRU 1 27 	ONTHL S CO: \$.00 .00 .00 .00 Y AVERA ST PER USER .00 .00 .00 .00 .00	GE - E \$ \$.00 .00 .00 .00 .05 18,038 .03/14/05 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2004 THRU 1 27 	ONTHL S CO: \$ \$.00 .00 .00 .00 Y AVERA ST PER USER .00 .00 .00 .00 .00 .00	GE - C F S S S	.00 .00 .00 .00 .05 18,038 .03/14/05 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O SOC O	.00 .00 .00 S MONTH-OF-PAYMENT F - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2004 THRU 1 27 	ONTHL S CO: \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C F \$ \$ \$.00 .00 .00 .00 .05 18,038 .03/14/05 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O SOC O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 1 27 	ONTHL S CO: \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE \$ \$ \$ \$ \$\$\$.00 .00 .00 .00 .05 18,038 .03/14/05 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O SOC O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 1 27 	S COS	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S SSSS	.00 .00 .00 .00 .05 18,038 .03/14/05 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O SOC O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST .UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 1 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHL S CO: \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S SSSS	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O SOC O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 1 27 	S COS	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S SSSS	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O SOC O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST .UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 1 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTHL S CO: \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S SSSS	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-	PAYMENT REPOR	T FOR JAN 2004	1 THRU DEC	2004	PAGE 18,039
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	MN - SOC	- BLIND		AID CODE 27			
						MONT	THLY AVERAC	E

					MON	INLI AVERAG.	L
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF	-PAYMENT RE	PORT	FOR JAN 2004	THRU	DEC	2004	PA	GE 18,040
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	MN - SO	C - BLIND			AID CODE 27					. ,

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,041
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

TODO COUNTI	SOUTHAIN OF SERV	VICES FOR	T-TTA	500	חוטשטות אוח	CODE	5 05 07 0W	01			
								MO	ONTHLY AVERA	GE -	
02 ELIGIBLES	USERS	UNITS OF	SERVI	ICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S COST PER	C	OST PER
		OR DAYS	OF CF	ARE		PE	R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	110		474	\$	87,841.22	\$	185.32	237.000	\$ 798.56	\$ 4	3920.61
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		00
	0	0		.00					.00		
PRINCIPAL SURGEON	0	0				.00	.000				00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		00
DIALYSIS	U	0		.00		.00	.000		.00		00
PATHOLOGY	0	0		.00		.00	.000		.00		00
RADIOLOGY	0	0		.00		.00	.000		.00		00
PSYCHIATRY	0	0		.00		.00	.000		.00		00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		00
@PHARMACY	80	222	\$	75,711.15	\$	341.04	111.000	\$	946.39	\$ 37855.	
PRESCRIPTION DRUGS	80	222		75,711.15		341.04	111.000		946.39	37855.	
SNF/ICF	8	24		7,691.31		320.47	12.000		961.41	3845.	
OUTPATIENTS	78	198		68,019.84		343.53	99.000		872.05	34009.	
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		00
@DENTIST	26	116	\$	3,633.00	\$	31.32	58.000	\$	139.73		
VISITS - DIAGNOSTIC	18	61		281.00		4.61	30.500		15.61	140.	
ORAL SURGERY	6	42		1,919.00		45.69	21.000		319.83	959.	
DRUGS	0	0		.00		.00	.000		.00		00
ANESTHESIA	0	0		.00		.00	.000		.00		00
PERIODONTICS	1	1		118.00		118.00	.500		118.00	59.	
ENDODONTICS	0	0		.00		.00	.000		.00		00
RESTORATIVE DENTISTRY	2	3		135.00		45.00	1.500		67.50	67.	50
PROSTHETICS	0	0		.00		.00	.000		.00		00
DENTURES, STAYPLATES	3	6		1,180.00		196.67	3.000		393.33	590.	00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		00
ALL OTHER SERVICES	1	3		.00		.00	1.500		.00		00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES	MONTH-OF-PAYMENT F	REPOR	T FOR JAN	2004 THRU	DEC	2004	PAGE 18	,042
MOP024	FEE-FOR-SERVICE	/DENTAL								03/1	4/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MN -	soc -	DISABLED AID	CODE	S 65 67 61	W 6Y				
							M	IONTI	HLY AVERA	GE	
02 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COS'	T UNITS/DAY	S	COST PER	COST P	ER

						MC)IN.T	HLY AVERA	نظی	
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$	17.70	1.500	\$	53.11	\$	26.56
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	1	3	53.11		17.70	1.500		53.11		26.56
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

WIDGE WEDLIEF	0		<u>^</u>	0.0	<u>^</u>	0.0	0.00	A 00	a	
NURSE MIDWIFE	U	0	\$.00	\$.00		\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		•	
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00)
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00)
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00)
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00)
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
	0	0								
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00	
ANCILLARIES	U	U		.00		.00	.000	.00	.00	
INPATIENT CROSSOVERS	O	0		.00		.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00)
MEDICAL	0	0		.00		.00	.000	.00	.00)
SURGERY	0	0		.00		.00	.000	.00	.00)
PATHOLOGY	0	0		.00		.00	.000	.00	.00)
RADIOLOGY	0	0		.00		.00	.000	.00	.00)
ROOM USE	0	0		.00		.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00	
	0	0	\$.00	\$.00	.000			
@COUNTY HOSPITAL TOTAL	0	0	Ą		Ą				•	
CO HOSPITAL INPATIENT TOTAL	U	U		.00		.00	.000	.00	.00	
HSC HOSPITALS	Ü	0		.00		.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00)
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00)
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00)
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00)
ANCILLARIES	0	0		.00		.00	.000	.00	.00)
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00	
MEDICAL	0	0		.00		.00	.000	.00	.00	
	0	0								
SURGERY	0	0		.00		.00	.000	.00	.00	
PATHOLOGY	U	U		.00		.00	.000	.00	.00	
RADIOLOGY	O	0		.00		.00	.000	.00	.00	
ROOM USE	0	0		.00		.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00)
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MONTH	I-OF-PAYMENT RE	EPORT	FOR JAN 2	004 THRU D	EC 2004	PAGE 18,0	143
MOP024	FEE-FOR-SERVICE	/DENTAL							03/14/	05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	C - DISA	ABLED AID (CODES	65 67 6W	6Y			
							MC	NTHLY AVERA	GE	
02 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER	COST PER	2
	0.0_0.0	OR DAYS OF CARE					PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000			
COMM HOSP INPATIENT TOTAL	0	0	Ÿ	.00	Y			.00		
	0	•								
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	U	U		.00		.00	.000	.00	.00	
ACCOMMODATIONS	Ü	0		.00		.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00	
ANCILLARIES	0	0		.00		.00	.000	.00	.00)
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00	
	-	-								

COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00	·	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0	·	.00		.00	.000		.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	15	\$	260.70	\$	17.38	7.500	\$	260.70	\$	130.35
PATHOLOGY	1	15		260.70		17.38	7.500		260.70		130.35
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$	721.55	\$	144.31	2.500	\$	180.39	\$	360.78
CLINIC	1	2		145.55		72.78	1.000		145.55		72.78
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	3		576.00		192.00	1.500		192.00		288.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MONTH-OF	-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 18,044
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	MN - S	SOC - DISABLE	D AID	CODES	65 67 6	√ 6Y				
							M	ONT	HLY AVERA	.GE -	

				MON	THLY AVERAG	·
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
15	113 \$	7,461.71	\$ 66.03	56.500 \$	497.45	\$ 3730.86
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
11	105	7,305.90	69.58	52.500	664.17	3652.95
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
4	8	155.81	19.48	4.000	38.95	77.91
0	0	.00	.00	.000	.00	.00
	USERS 15 0 0 0 0 0 0 0 11 0 0 4 0	OR DAYS OF CARE 15	OR DAYS OF CARE 15	OR DAYS OF CARE 15	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 15 113 \$ 7,461.71 \$ 66.03 56.500 \$ 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 11 105 7,305.90 69.58 52.500 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 .00 .00<	OR DAYS OF CARE 15

PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00	
0* TOTALS IN THESE LINES ARE GIVEN AS	S A SEPARATE	TNFORMATION	TTEM ONLY						

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,045 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	ITHLY AVERA	GE
12 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	85	329	\$	8,483.33	\$ 25.79	27.417	99.80	\$ 706.94
@PHYSICIANS SERVICES	1	1	\$	152.92	\$ 152.92	.083	152.92	\$ 12.74
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		152.92		152.92	.083		152.92		12.74
PRINCIPAL SURGEON	1	1		152.92		152.92	.083		152.92		12.74
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	1	\$	291.14	Ś	291.14	.083	Ś	291.14	Ś	24.26
PRESCRIPTION DRUGS		1		291.14	'	291.14	.083		291.14		24.26
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	1		291.14		291.14	.083		291.14		24.26
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	65	288	\$	5,855.85	\$	20.33	24.000	\$	90.09	\$	487.99
VISITS - DIAGNOSTIC	51	201		1,092.85	·	5.44	16.750		21.43		91.07
ORAL SURGERY	10	34		2,500.00		73.53	2.833		250.00		208.33
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		23.00		11.50	.167		11.50		1.92
ENDODONTICS	2	2		279.00		139.50	.167		139.50		23.25
RESTORATIVE DENTISTRY	10	39		1,238.00		31.74	3.250		123.80		103.17
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		450.00		450.00	.083		450.00		37.50
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	5	7		273.00		39.00	.583		54.60		22.75
ALL OTHER SERVICES	2	2		.00		.00	.167		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES I	MONTH-OF-PAYMENT RE	EPORI	r for Jan	2004 THRU	DEC	2004	P	AGE 18,046
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
YOLO COUNTY	SUMMARY OF SERVICES F	OR MN - S	soc -	FAMILIES AID CODE	5R 6	5R 37					

----- MONTHLY AVERAGE -----12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 4 118.32 29.58 .333 \$ 29.58 \$ 9.86 DIAGNOSTIC AND ANC. PROCED 118.32 39.44 .250 39.44 9.86 EYE APPLIANCES .00 .00 .083 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES 0 0 .000 .00 .00 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 .00 \$.00 \$ @PODIATRIST .00 .000 \$.00

MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00	
OTHER	0	0	.00		.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00	
NURSE ANESTHESIST	0	0 \$.00	Ś	.00	.000 \$.00	\$.00	
NURSE MIDWIFE	0	0 \$.00	¢	.00	.000 \$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	Ċ	.00	.000 \$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$.00	ب خ	.00	.000 \$.00	\$.00	
	0	5 \$		\$ \$		·		•	
@TOTAL HOSPITAL	3	5 \$ 0	1,485.22	Ş	297.04		495.07	T ==0.77	
HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00	
HSC HOSPITALS	U	U	.00		.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00	
ANCILLARIES	0	0	.00		.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	3	5	1,485.22		297.04	.417	495.07	123.77	
MEDICAL	0	0	.00		.00	.000	.00	.00	
SURGERY	1	1	38.86		38.86	.083	38.86	3.24	
PATHOLOGY	0	0	.00		.00	.000	.00	.00	
RADIOLOGY	2	3	1,415.13		471.71	.250	707.57	117.93	
ROOM USE	0	0	.00		.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	1	31.23		31.23	.083	31.23	2.60	
@COUNTY HOSPITAL TOTAL	1	1 \$.00	\$.00	.083 \$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00	
ANCILLARIES	0	0	.00		.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	1	.00		.00	.083	.00	.00	
MEDICAL	0	Ō	.00		.00	.000	.00	.00	
SURGERY	0	0	.00		.00	.000	.00	.00	
PATHOLOGY	0	0	.00		.00	.000	.00	.00	
RADIOLOGY	1	1	.00		.00	.083	.00	.00	
		0	.00		.00	.000	.00	.00	
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0	0			.00	.000	.00	.00	
		U ES AND EXPENDITURES MONT	.00.	ים אים				PAGE 18,047	
#CALIF DEPT OF HEALTH SERV MOP024			.n-OF-PAIMENI KI	EPUR	I FOR JAN 2	.004 IRO DEC	2004		
	FEE-FOR-SERVICE	ICES FOR MN - SOC - FAN	ATT TEC ATD CODE	ED	CD 27			03/14/05	
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MIN - SOC - FAM	TILIES AID CODE	SK	OK 3/	MONT	1111 V 71777777	Ω.E.	
12 ELICIDIES	HCEDC	INTEC OF CEDUTCE	EADENDIMIDEC	7. 7. 7.		MONT			
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS		COST PER	
ACOMMINITAL HORDINAL HORAL	2	OR DAYS OF CARE	1 405 00		R UNIT/DAY	_	USER	ELIGIBLE \$ 123.77	
@COMMUNITY HOSPITAL TOTAL	2	4 \$	1,485.22	\$	371.31	.333 \$			
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	4		1,485.22		371.31	.333		742.61		123.77
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		38.86		38.86	.083		38.86		3.24
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		1,415.13		707.57	.167		1415.13		117.93
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		31.23		31.23	.083		31.23		2.60
@STATE HOSPITAL	0	0	\$.00	Ś	.00	.000	Ś		Ś	.00
MENTALLY ILL	0	0	Υ	.00	Υ	.00	.000	٧	.00	۲	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	Ġ		Ś	.00
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B KEHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSFIL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	ċ		Ś	.00
ICF DDH	0	0	Ą	.00	ې	.00	.000	ş	.00	Ą	.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	Ś		.000	ċ		Ś	.00
@HEMODIALYSIS TOTAL	0	0	Ş		Ą	.00		Ş		Þ	
HOSPITAL BASED	0	O		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@REHABILITATION FACILITY	0	O	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	266.81	\$	266.81	.083	\$	266.81	Ş	22.23
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		266.81		266.81	.083		266.81		22.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU:	RES	MONTH-OF-PAYMENT RI	EPOR1	r for Jan 2004	1 THRU	DEC	2004	PA	AGE 18,048
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
	CINALIDII OR CERTIFORD FOR	107 0	~ ~	DANGET THE A TEN CORE	- F	CD 07					

----- MONTHLY AVERAGE -----12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 11 29 \$ 313.07 \$ 10.80 2.417 \$ 28.46 \$ 26.09 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .00 .00 .00 BLOOD BANK .000 HEARING AID DISPENSERS 0 .00 .00 .00 .00 .000 MEDICAL TRANSPORTATION 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 AMBULANCES/AIR TRANS .000 OTHER TRANS 0 0 .00 .00 .00 .00 .000 .00 OTHER SERVICES 0 0 .00 .000 .00 .00 .00 ACUPUNCTURE .00 .000 .00

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

YOLO COUNTY

IHMC,MODEL-NF,NF,AIDS,MSSP	ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 OPTICIAN 4 8 85.44 10.68 .667 21.36 7.11 PHYSICAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
OPTICIAN 4 8 85.44 10.68 .667 21.36 7.12 PHYSICAL THERAPIST 0 0 0 0 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 0 0 0 0 .00 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS 0 0 0 .00 .00 .00 .00 .00 .00 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 SPECH AND AUDIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 HOSPICE SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 7 21 227.63 10.84 1.750 32.52 18.99 EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 @CALIF. CHILDREN SERVICES* 2 4 \$ 1,606.91 \$ 401.73 .333 \$ 803.46 \$ 133.99	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0 0 .00	OPTICIAN	4	8	85.44	10.68	.667	21.36	7.12
PROSTHETIST/ORTHOTISTS 0 0 .00	PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PROSTHETICS 0 0 .00	PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
ORTHOTICS 0 0 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .0	PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 0 0 .00	PROSTHETICS	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00 .00 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0 0 .00 <t< td=""><td>PSYCHOLOGIST</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></t<>	PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 7 21 227.63 10.84 1.750 32.52 18.9° EPSDT SUPPLEMENTAL SERVICE 0 0 .00	SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 7 21 227.63 10.84 1.750 32.52 18.99 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .000 .000 .000 .00 <td>HOSPICE SERVICES</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 .00<	LOCAL EDUCATION AGENCIES	7	21	227.63	10.84	1.750	32.52	18.97
PED SUBACUTE REHAB/WEANING 0 0 .00 .	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 2 4 \$ 1,606.91 \$ 401.73 .333 \$ 803.46 \$ 133.93	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00	@CALIF. CHILDREN SERVICES*	2	4	\$ 1,606.91	\$ 401.73	.333	\$ 803.46	\$ 133.91
	@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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DIALYSIS

PATHOLOGY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,049
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

----- MONTHLY AVERAGE -----

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EXPENDITURES 14 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 244 105,659.17 \$ 106.94 70.571 \$ 433.03 \$ 7547.08 @TOTAL, ALL PROVIDERS 988 1 \$ 152.92 .071 \$ 152.92 \$ 10.92 @PHYSICIANS SERVICES 152.92 OUTPATIENT VISITS .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 HOME VISITS EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOSPITAL VISITS .000 CRITICAL CARE .00 .00 .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .000 INPATIENT HOSPITAL SURGERY .00 PRINCIPAL SURGEON .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 152.92 152.92 152.92 OUTPATIENT SURGERY .071 10.92 152.92 152.92 152.92 10.92 PRINCIPAL SURGEON .071 .00 .00 .000 .00 .00 ASSISTANT SURGEON 0 .00 ANESTHESIOLOGIST .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	94	243 \$	78 , 476.36	\$ 322.95	17.357 \$	834.85	\$ 5605.45
PRESCRIPTION DRUGS	94	243	78 , 476.36	322.95	17.357	834.85	5605.45
SNF/ICF	17	36	9,445.95	262.39	2.571	555.64	674.71
OUTPATIENTS	84	207	69,030.41	333.48	14.786	821.79	4930.74
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	117	509 \$	12,429.85	\$ 24.42	36.357 \$	106.24	\$ 887.85
VISITS - DIAGNOSTIC	83	312	1,546.85	4.96	22.286	18.64	110.49
ORAL SURGERY	25	114	4,864.00	42.67	8.143	194.56	347.43
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	5	259.00	51.80	.357	51.80	18.50
ENDODONTICS	3	4	709.00	177.25	.286	236.33	50.64
RESTORATIVE DENTISTRY	15	49	2,203.00	44.96	3.500	146.87	157.36
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	11	2,575.00	234.09	.786	367.86	183.93
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7	273.00	39.00	.500	54.60	19.50
ALL OTHER SERVICES	6	7	.00	.00	.500	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,050
MOP024	FEE-FOR-SERVICE/						03/14/05
YOLO COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC - 1	FOTAL				
					MON		
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	5	7 \$	171.43	\$ 24.49	.500 \$		•
DIAGNOSTIC AND ANC. PROCED	3	3	118.32	39.44	.214	39.44	8.45

EYE APPLIANCES	2	4		53.11		13.28	.286		26.56		3.79
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MEDICINE/INJECTIONS	0	0	'	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
RADIO./PATHOLOGY	•	· ·				.00					
OTHER	0	0	•	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	Ü	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	5	\$	1,485.22	\$	297.04	.357	\$	495.07	\$	106.09
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0									
TRANSITIONAL IP CARE	•	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	5		1,485.22		297.04	.357		495.07		106.09
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		38.86		38.86	.071		38.86		2.78
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	3		1,415.13		471.71	.214		707.57		101.08
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		31.23		31.23	.071		31.23		2.23
	1	1	Ċ		Ċ			Ċ		ċ	
@COUNTY HOSPITAL TOTAL	1	1	\$.00	\$.00	.071	Ş		\$.00
CO HOSPITAL INPATIENT TOTAL	U	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		.00		.00	.071		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0									.00
SURGERY	0	ŭ		.00		.00	.000		.00		
PATHOLOGY	U	0		.00		.00	.000		.00		.00
RADIOLOGY	Ţ	Ţ		.00		.00	.071		.00		.00
ROOM USE	U	U		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MONTH-O	F-PAYMENT RE	EPORT	' FOR JAN	2004 THRU	DEC	2004	PP	AGE 18,051
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FO	R MN - SOC	C - TOTAL								
							N	ו חותו	אסשעא עזנ	CF -	

		OR DAYS OF CARE			DFI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	OR DATS OF CARE	\$	1,485.22	\$	371.31	.286		742.61		106.09
COMM HOSP INPATIENT TOTAL	0	0	Τ.	.00	т	.00	.000	Τ.	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ō	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	4		1,485.22		371.31	.286		742.61		106.09
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		38.86		38.86	.071		38.86		2.78
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		1,415.13		707.57	.143		1415.13		101.08
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	1	1		31.23		31.23	.071		31.23		2.23
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	31	\$	2,028.63	\$	65.44	2.214	\$	2028.63	\$	144.90
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	31		2,028.63		65.44	2.214		2028.63		144.90
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	15	\$	260.70	\$	17.38	1.071	\$		\$	18.62
PATHOLOGY	1	15		260.70		17.38	1.071		260.70		18.62
XO AND OTHERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	988.36	\$	164.73	.429	\$	197.67	\$	70.60
CLINIC	1	2		145.55		72.78	.143		145.55		10.40
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	4		842.81							
			ES 1	MONTH-OF-PAYMENT R	REPORT	r for Jan 2	2004 THRU	DEC	2004	Р	•
	FEE-FOR-SERVICE		~	moma -							03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MN - SC	C -	TOTAL						~ =	
14 81 1010180	HORDO	IINITHO OF OFFICE			7. 7. 7.		M				
14 ELIGIBLES	USERS			EXPENDITURES							
GALL OWIED DDOGLEDED	2.5	OR DAYS OF CARE		0 ((= 70		R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	35	171	Ą	•	\$			Ą	276.16	Ş	
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	20	134	9,196.82	68.63	9.571	459.84	656.92
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	241.25	15.08	1.143	30.16	17.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	21	227.63	10.84	1.500	32.52	16.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	4	\$ 1,606.91	\$ 401.73	.286	\$ 803.46	\$ 114.78
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,053
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

			MONTHLY AVERAGE						
65 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	820	4,000 \$	454,251.77	\$ 113.56	61.538 \$	553.97	\$ 6988.49		
@PHYSICIANS SERVICES	15	75 \$	508.44	\$ 6.78	1.154 \$	33.90	\$ 7.82		
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00	.00		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
RADIOLOGY	O										.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	15	75		508.44		6.78	1.154		33.90		7.82
@PHARMACY	555	1,125	\$	163,297.95	\$	145.15	17.308	\$	294.23	\$	2512.28
PRESCRIPTION DRUGS	555	1,125		163,297.95		145.15	17.308		294.23		2512.28
SNF/ICF	279	654		89,301.01		136.55	10.062		320.08		1373.86
OUTPATIENTS	283	471		73,996.94		157.11	7.246		261.47		1138.41
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	264	716	\$	35,481.75	\$	49.56	11.015	Ś	134.40	Ś	545.87
VISITS - DIAGNOSTIC	216	533	Υ	9,170.75	Ψ	17.21	8.200	Υ	42.46	Ψ.	141.09
ORAL SURGERY	17	58		3,624.00		62.48	.892		213.18		55.75
DRUGS	1	1		25.00		25.00	.015		25.00		.38
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	52	52		10,036.00		193.00	.800		193.00		154.40
ENDODONTICS	1	1		215.00		215.00	.015		215.00		3.31
RESTORATIVE DENTISTRY	6	23		1,406.00		61.13	.354		234.33		21.63
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	20	48		11,005.00		229.27	.738		550.25		169.31
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
	0	0					000				0.0
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	1	0	IDEC N	.00	- DOD#	.00	.000	DEC	.00	D	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	1 MEDI-CAL SERVIO	0 CES AND EXPENDITU	JRES 1	.00	EPORT	.00	.000	DEC	.00	P.	.00 AGE 18,054
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	1 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 CES AND EXPENDITU E/DENTAL		.00 .00 MONTH-OF-PAYMENT RE	EPORT	.00 .00 FOR JAN 2	.000 2004 THRU	DEC	.00	Ρ.	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	1 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 CES AND EXPENDITU		.00 .00 MONTH-OF-PAYMENT RE	EPORI	.00	.000 2004 THRU		.00 .00 2004		.00 AGE 18,054 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	0 CES AND EXPENDITU E/DENTAL /ICES FOR MN - I	ONG :	.00 .00 MONTH-OF-PAYMENT RE TERM CARE - AGED		.00 .00 FOR JAN 2	.000 2004 THRU 13	ONT	.00 .00 2004	GE	.00 AGE 18,054 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	1 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 CES AND EXPENDITU E/DENTAL VICES FOR MN - I UNITS OF SERVIC	ONG T	.00 .00 MONTH-OF-PAYMENT RE	AVE	.00 .00 FOR JAN 2 AID CODE	.000 2004 THRU 13 M UNITS/DAY	ONT	.00 .00 2004 HLY AVERA COST PER	GE	.00 AGE 18,054 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 CES AND EXPENDITU E/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF	ONG T E RE	.00 .00 MONTH-OF-PAYMENT RE TERM CARE - AGED EXPENDITURES	AVE PER	.00 .00 FOR JAN 2 AID CODE CRAGE COST	.000 2004 THRU 13 M UNITS/DAY PER ELIG	ONT S	.00 .00 2004 HLY AVERA COST PER USER	GE	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 CES AND EXPENDITU E/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF	ONG T	.00 .00 MONTH-OF-PAYMENT RE TERM CARE - AGED EXPENDITURES 20.00	AVE	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015	ONT S	.00 .00 2004 HLY AVERA COST PER USER 20.00	GE	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1 1	0 CES AND EXPENDITU E/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1	ONG T E RE	.00 .00 MONTH-OF-PAYMENT RE TERM CARE - AGED EXPENDITURES	AVE PER	.00 .00 FOR JAN 2 AID CODE CRAGE COST	.000 2004 THRU 13 M UNITS/DAY PER ELIG	ONT S	.00 .00 2004 HLY AVERA COST PER USER	GE	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1 1 0	0 CES AND EXPENDITU E/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF	ONG T E RE	.00 .00 MONTH-OF-PAYMENT RE TERM CARE - AGED EXPENDITURES 20.00	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015	ONT S	.00 .00 2004 HLY AVERA COST PER USER 20.00	GE	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 0 0	0 CES AND EXPENDITU E/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1	ONG T E RE	.00 .00 MONTH-OF-PAYMENT RE TERM CARE - AGED EXPENDITURES 20.00 20.00	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00 20.00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015	ONT S	.00 .00 2004 HLY AVERA COST PER USER 20.00 20.00	GE	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .31
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1 1 0	0 CES AND EXPENDITU E/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0	ONG T E RE	.00 .00 MONTH-OF-PAYMENT RE FERM CARE - AGED EXPENDITURES 20.00 20.00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00 20.00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 20.00 20.00	GE \$.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .31
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 0 0	OCES AND EXPENDITUE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0	ONG T	.00 .00 MONTH-OF-PAYMENT RE FERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00 20.00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 20.00 20.00 .00	GE \$.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .31 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 0 0 0 0	OCES AND EXPENDITUE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 0 0 0	ONG T	.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00 20.00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00	GE \$.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .31 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1 1 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAR 1 0 0 0 0 0	CE RE \$.00 .00 MONTH-OF-PAYMENT RE FERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00	AVE PEF \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00	GE \$.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .31 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 0 0 0 0 0 14	OCES AND EXPENDITUE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 0 0 14	ONG T	.00 .00 MONTH-OF-PAYMENT RE FERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00	AVE PER \$.00 .00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 20.00 .00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00	GE \$.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 0 0 0 0 14 0	OCES AND EXPENDITUE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 0 14	CE RE \$.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$.00 .00 .00 FOR JAN 2 AID CODE GRAGE COST UNIT/DAY 20.00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00	GE \$.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .00 .00 .00 .00 .73 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 0 0 0 14 0 0 0	OCES AND EXPENDITUE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 14 0 0	CE RE \$.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000 .000 .000 .215 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00	GE \$.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .31 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1 1 0 0 0 14 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 14 0 0 0 0	CE RE \$.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$.00 .00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 20.00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000 .000 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00 .00	GE \$.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .30 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1 1 0 0 0 1 1 0 0 1 1 1 0 1 1 1 1 1 1	OCES AND EXPENDITURE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 14 0 0 0 14	ONG SE	.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000 .000 .000 .000	ONT S \$ \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00 .00 .00 .00 .00	GE \$ \$.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .30 .00 .00 .00 .00 .00 .73 .00 .00 .00 .73
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1 1 0 0 0 1 1 0 0 1 1 1 0 1 0 1 1 0 0 1 1 0 0 1 1 0 0 0 1 1 0 0 0 0 1 1 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 14 0 0 14 0 14	SE S S S	.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 20.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000 .000 .000 .000	ONT S \$ \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .30 .00 .00 .00 .00 .00 .73 .00 .00 .00 .73
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 0 0 0 1 1 0 0 1 1 0 0 1 1 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 14 0 0 14 0 0 0 14	SONG SE	.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00 .00 .00 47.75 .00 .00 .00 .00 .00	AVE PEF \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000 .000 .000 .000	ONT S \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00 .00 .00 .00 .00	E s s s s s	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .30 .00 .00 .00 .00 .73 .00 .00 .73 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 0 0 0 14 0 0 14 0 0 0 0 14 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 14 0 0 14 0 0 0 0 14	ONG SERE \$.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$ \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000 .000 .000 .215 .000 .000 .215 .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00 .00 .00 .00 .00	E o o o o	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .30 .00 .00 .00 .00 .73 .00 .00 .73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 0 0 0 0 14 0 0 14 0 0 0 0 14 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 14 0 0 14 0 0 0 0 0 14	SONG SERE \$.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$ \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 20.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000 .000 .000 .215 .000 .000 .215 .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00 .00 .00 .00 .00	E s s s s s ssss	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .30 .00 .00 .00 .00 .73 .00 .00 .73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 1 0 0 0 0 14 0 0 14 0 0 0 14 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 14 0 0 14 0 0 0 14 0 0 0 0 0	ONG TERE \$.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00 .00 47.75 .00 .00 .00 47.75 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$ \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000 .000 .000 .215 .000 .000 .215 .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00 .00 .00 .00 .00	E s s s s s s	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .30 .00 .00 .00 .00 .73 .00 .00 .73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 0 0 0 0 14 0 0 14 0 0 0 0 14 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 14 0 0 14 0 0 0 0 0 14	ONG SERE \$.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$ \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 20.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000 .000 .000 .215 .000 .000 .215 .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00 .00 .00 .00 .00	E s s s s s s	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .30 .00 .00 .00 .00 .73 .00 .00 .73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 1 0 0 0 0 14 0 0 14 0 0 0 14 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 14 0 0 14 0 0 0 14 0 0 0 0 0	ONG TERE \$.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00 .00 47.75 .00 .00 .00 47.75 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$ \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 20.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .015 .015 .000 .000 .000 .000 .000 .215 .000 .000 .215 .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00 .00 .00 .00 .00	E s s s s s s	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .31 .00 .00 .00 .00 .00 .73 .00 .00 .73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 65 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1 1 0 0 0 0 14 0 0 14 0 0 0 14 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - I UNITS OF SERVIC OR DAYS OF CAF 1 1 0 0 0 0 14 0 0 14 0 0 0 14 0 0 0 0	ONG TERE \$.00 .00 MONTH-OF-PAYMENT RETERM CARE - AGED EXPENDITURES 20.00 20.00 .00 .00 .00 .00 .00 47.75 .00 .00 .00 47.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 13	ONT S \$ \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER 20.00 .00 .00 .00 .00 .00 .00 .00 .00	E s s s s s s	.00 AGE 18,054 03/14/05 COST PER ELIGIBLE .31 .30 .00 .00 .00 .00 .73 .00 .00 .73 .00 .00 .00 .00 .00 .13.48

NON-HSC HOSPITAL TOTAL	Λ	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ô	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	876.00	.00	.000	438.00	13.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00		.000		
RADIOLOGY	0	0		.00		.00	.00
	0	0	.00		.000		.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	O	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

MOP024	FEE-FOR-SERVICE/DE	INTAL								_	03/14/05
YOLO COUNTY	SUMMARY OF SERVICE		ONG TERM	M CARE - AGED		AID CODE	13				
								CNO	THLY AVERA	GE	
65 ELIGIBLES	USERS UN	IITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY			-	COST PER
		OR DAYS OF CAR				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	0	_ \$	876.00	\$.00	.000		438.00		13.48
COMM HOSP INPATIENT TOTAL	2	0		876.00		.00	.000		438.00		13.48
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0		876.00		.00	.000		438.00		13.48
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0									
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	U	•		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0	_	.00	_	.00	.000	_	.00	_	.00
@STATE HOSPITAL	3	92	\$	76,940.64	\$	836.31	1.415	Ş	25646.88	Ş	1183.70
MENTALLY ILL	0	0		15,450.28		.00	.000		.00		237.70
DEVELOP. DISABLED	3	92		61,490.36		668.37	1.415		20496.79		946.01
@NURSING FACILITY	60	1,933	\$	176,072.36	\$	91.09	29.738	\$	2934.54	\$	2708.81
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	21	696		71 , 983.72		103.42	10.708		3427.80		1107.44
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	39	1,237		104,088.64		84.15	19.031		2668.94		1601.36
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	2	Ś	52.20	\$	26.10	.031	Ś	52.20	Ś	.80
CLINIC	0	0	Ψ.	.00	٧	.00	.000	۲	.00	Υ	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	2		52.20		26.10	.031		52.20		.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		DEC MONT					חבי		ת	AGE 18,056
			MOM Curi	III OE-FAIMENI I	.\uP\CK1	LOK OAN	2004 INKU	טבול	2004	P	•
MOP024	FEE-FOR-SERVICE/DE		טאכ שביבי	M CADE - ACED		AID CODE	1 2				03/14/05
YOLO COUNTY	SUMMARY OF SERVICE	79 LOK IMM - T	ONG TEKI	M CAKE - AGED		AID CODE	13				

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAYS	OST PER USER		OST PER LIGIBLE
@ALL OTHER PROVIDERS	19	42	\$ 954.68	\$	22.73	.646	50.25		14.69
DURABLE MED. EQUIP.	0	0	.00	·	.00	.000	.00		.00
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	1	4	34.41		8.60	.062	34.41		.53
AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00		.00
OTHER TRANS	1	4	34.41		8.60	.062	34.41		.53
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	1	3	164.40		54.80	.046	164.40		2.53
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	15	30	384.04		12.80	.462	25.60		5.91
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
ORTHOTICS	0	0	.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	1	3	144.59		48.20	.046	144.59		2.22
HOSPICE SERVICES	1	2	227.24		113.62	.031	227.24		3.50
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00		.00
@XOVER EXCLUDING STATE HOSP**	31	89	\$ 23,675.71CF	R \$	266.02CR	1.369	\$ 763.73CE	२\$	364.24CR

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,057 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

						MON	ITHLY AVERA	GE
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	12	355	\$	30,983.65	\$ 87.28	29.583	2581.97	\$ 2581.97
@PHYSICIANS SERVICES	2	3	\$	28.10	\$ 9.37	.250	14.05	\$ 2.34
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ANESTHESIOLOGIST	U	U		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0										
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	3		28.10		9.37	.250		14.05		2.34
@PHARMACY	10	35	\$	2,493.18	\$	71.23	2.917	\$	249.32	\$	207.77
PRESCRIPTION DRUGS	10	35		2,493.18		71.23	2.917		249.32		207.77
SNF/ICF	10	35		2,493.18		71.23	2.917		249.32		207.77
	0	0		•							
OUTPATIENTS	· · · · · · · · · · · · · · · · · · ·			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	2	21	\$	395.00	\$	18.81	1.750	\$	197.50	\$	32.92
VISITS - DIAGNOSTIC	2	18		140.00		7.78	1.500		70.00		11.67
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	3		200.00		100.00	.167		200.00		16.67
	1	2									
ENDODONTICS	U	U		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		55.00		55.00	.083		55.00		4.58
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	U	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 18,058
MOP024	FEE-FOR-SERVIC	E/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SER	VICES FOR MN - LO	ONG :	TERM CARE - BLIND		AID CODE	23				
							M	TNC	HLY AVERA	GE ·	
12 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
	0.0_0.0	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	ON DAID OF CAND	\$.00	\$.00	.000		.00		.00
_			Ą		۲			Ų		۲	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	Ü	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	Δ	\$	28.37	\$	7.09	.333	\$	7.09	Ś	2.36
	0	0	7		Y			Y	.00	4	
MEDICINE/INJECTIONS	U			.00		.00	.000				.00
SURGERY/ANES.	Ú	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	4		28.37		7.09	.333		7.09		2.36
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
			•								

WIDGE MEDITEE	0	0 0	0.0	a 00	000 6	0.0	a 00
NURSE MIDWIFE	U	0 \$		\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$		\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	•
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	•
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0 \$.00 \$.00			
@COUNTY HOSPITAL TOTAL	0	U \$.000 \$.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DEC	2004	PAGE 18,059
MOP024	FEE-FOR-SERVICE,	DENTAL					03/14/05
YOLO COUNTY	SUMMARY OF SERV	CES FOR MN - LONG	TERM CARE - BLIND	AID CODE	E 23		
					MONT	THLY AVERAG	E
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
	0.0-1.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
COMM HOSP INPATIENT TOTAL	Ő	0	.00		.000		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	292	\$ 28,039.00	\$ 96.02	24.333	\$ 2803.90	\$ 2336.58
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	292	28,039.00	96.02	24.333	2803.90	2336.58
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .000 .00 RURAL HEALTH CLINIC 0 Ω .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,060

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

					MON	THLY AVERAGE	
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	6	7 \$	1,623.53CR	\$ 231.93CR	.583 \$	270.59CR\$	135.29CR

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,061
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

----- MONTHLY AVERAGE -----38 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 396 2,738 \$ 382,087.01 \$ 139.55 72.053 \$ 964.87 \$ 10054.92 18 174 Ś 16,644.38 \$ 95.66 4.579 \$ 924.69 \$ 438.01 @PHYSICIANS SERVICES .000 0 0 .00 .00 OUTPATIENT VISITS .00 .00 .00 .000 .00 OFFICE VISITS Ω Ω .00 . 00 Ω .00 .00 .000 .00 .00 HOME VISITS .00 .00 0 0 .00 EMERGENCY ROOM .000 .00 .00 PREVENTIVE CARE 0 0 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	7	122		14,774.14		121.10	3.211		2110.59		388.79
HOSPITAL VISITS	7	53		1,756.14		33.13	1.395		250.88		46.21
CRITICAL CARE	3	68		12,990.50		191.04	1.789		4330.17		341.86
SNF/ICF/TRANS IP CARE	1	1		27.50		27.50	.026		27.50		.72
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	9		948.20		105.36	.237		316.07		24.95
PRINCIPAL SURGEON	2	2		758.78		379.39	.053		379.39		19.97
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	7		189.42		27.06	.184		189.42		4.98
OUTPATIENT SURGERY	0	,		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
ASSISTANT SURGEON	0	0				.00					.00
ANESTHESIOLOGIST	U	U		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	6	22		439.64		19.98	.579		73.27		11.57
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	12	21		482.40		22.97	.553		40.20		12.69
@PHARMACY	313	747	\$	103,389.37	\$	138.41	19.658	\$		\$	2720.77
PRESCRIPTION DRUGS	312	746		103,340.76		138.53	19.632		331.22		2719.49
SNF/ICF	223	589		77,958.61		132.36	15.500		349.59		2051.54
OUTPATIENTS	92	157		25,382.15		161.67	4.132		275.89		667.95
MEDICAL SUPPLIES	1	1		48.61		48.61	.026		48.61		1.28
@DENTIST	74	345	\$	8,382.00	\$	24.30	9.079	\$	113.27	\$	220.58
VISITS - DIAGNOSTIC	67	273		3,462.00		12.68	7.184		51.67		91.11
ORAL SURGERY	9	43		1,695.00		39.42	1.132		188.33		44.61
DRUGS	1	1		.00		.00	.026		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	12	15		2,318.00		154.53	.395		193.17		61.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	6	8		638.00		79.75	.211		106.33		16.79
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	5		269.00		53.80	.132		134.50		7.08
SPACE MAINTAINERS	2	5		.00		.00	.000		.00		.00
	0	0									
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0				.00	.000				.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	T T		- ·	.00		.00	.000	DEG	.00	-	.00
#CALIF DEPT OF HEALTH SERV			SS I	MONTH-OF-PAYMENT RE	SPORT	FOR JAN	2004 THRU	DEC	2004	Ρ	AGE 18,062
MOP024	FEE-FOR-SERVICE										03/14/05
YOLO COUNTY	SUMMARY OF SERV	TICES FOR MN - LON	1G :	FERM CARE - DISABLE	ΞD	AID CODE					
							M				
38 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4	16	\$	279.63	\$	17.48	.421	\$	69.91	\$	7.36
DIAGNOSTIC AND ANC. PROCED	1	1		39.44		39.44	.026		39.44		1.04
EYE APPLIANCES	4	15		240.19		16.01	.395		60.05		6.32
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	4	\$	9.06	\$	2.27	.105	\$	2.27	\$.24

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	9.06	2.27	.105	2.27	.24
@HOME HEALTH AGENCY	0	0 \$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00		\$.00	\$.00
	0	0 \$				•	
NURSE MIDWIFE	•		.00	\$.00		•	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	7	118 \$	141,230.91	\$ 1196.87		\$ 20175.84	\$ 3716.60
HOSP INPATIENT TOTAL	6	113	141,135.75	1248.99	2.974	23522.63	3714.10
HSC HOSPITALS	2	83	129,480.00	1560.00	2.184	64740.00	3407.37
NON-HSC HOSPITAL TOTAL	1	30	9,946.53	331.55	.789	9946.53	261.75
ACCOMMODATIONS	1	30	6,939.00	231.30	.789	6939.00	182.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	30	6,939.00	231.30	.789	6939.00	182.61
ANCILLARIES	1	0	3,007.53	.00	.000	3007.53	79.15
INPATIENT CROSSOVERS	3	0	1,709.22	.00	.000	569.74	44.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	5	95.16	19.03	.132	47.58	2.50
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SURGERY	0	0					
PATHOLOGY	1	3	40.76	13.59	.079	40.76	1.07
RADIOLOGY	1	1	20.09	20.09	.026	20.09	.53
ROOM USE	1	1	34.31	34.31	.026	34.31	.90
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00		\$.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0	_	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU D	EC 2004	PAGE 18,063
MOP024	FEE-FOR-SERVICE						03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TER	RM CARE - DISABLE				
						NTHLY AVERA	
38 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	118 \$	141,230.91	\$ 1196.87		\$ 20175.84	\$ 3716.60
COMM HOSP INPATIENT TOTAL	6	113	141,135.75	1248.99	2.974	23522.63	3714.10
HSC HOSPITALS	2	83	129,480.00	1560.00	2.184	64740.00	3407.37
NON-HSC HOSPITALS TOTAL	1	30	9,946.53	331.55	.789	9946.53	261.75
ACCOMMODATIONS	1	30	6,939.00	231.30	.789	6939.00	182.61
			*				

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	30		6,939.00		231.30	.789		6939.00		182.61
ANCILLARIES	1	0		3,007.53		.00	.000		3007.53		79.15
INPATIENT CROSSOVERS	3	0		1,709.22		.00	.000		569.74		44.98
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	5		95.16		19.03	.132		47.58		2.50
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	3		40.76		13.59	.079		40.76		1.07
RADIOLOGY	1	1		20.09		20.09	.026		20.09		.53
ROOM USE	1	_ 1		34.31		34.31	.026		34.31		.90
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	28	872	\$	85,497.79		98.05	22.947	\$	3053.49	\$	2249.94
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	9	289		29,174.20		100.95	7.605		3241.58		767.74
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	22		11,567.30		525.79	.579		11567.30		304.40
LEV B-TRANSITIONAL IP CARE	0			.00		.00	.000		.00		.00
LEV B-REGULAR	18	561		44,756.29		79.78	14.763		2486.46		1177.80
@INTERMEDIATE CARE FACILDD	1	122	\$	22,300.38		182.79	3.211	\$	22300.38	\$	586.85
ICF DDH	0	0	•	.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	ĺ	122		22,300.38		182.79	3.211		22300.38		586.85
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00		\$.00	\$.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	216.00		216.00	.026	\$	216.00	\$	5.68
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		216.00		216.00	.026		216.00		5.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	Р	AGE 18,064
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MN - LO	ONG	TERM CARE - DISAB	LED	AID CODE	63				
							N	ON	THLY AVERA	GE	
38 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	ZS.	COST PER		COST PER
		OR DAYS OF CAR	3		PEI	R UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	18	339	\$	4,137.49	\$	12.20	8.921	\$	229.86	\$	108.88
DURABLE MED. EQUIP.	2	13		3,651.33		280.87	.342		1825.67		96.09
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	12	24		265.76	11.07	.632	22.15	6.99
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2		1.62	.81	.053	.81	.04
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	300		218.78	.73	7.895	218.78	5.76
@CALIF. CHILDREN SERVICES*	2	1,270	\$	142,478.41 \$	112.19	33.421	\$ 71239.21 \$	3749.43
@XOVER EXCLUDING STATE HOSP**	17	18	\$	8,409.82CR \$	467.21CR	.474	\$ 494.70CR\$	221.31CR
0 + momate th milece times are cru	TENT AC A CEDADAME	TNIECDMARITONI	THEM ON	IT V.				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,065
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	€		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	Ô	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	Ö	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	Õ	Ô	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MONTH	H-OF-PAYMENT REI	PORT FOR JAN 20	04 THRU DEC	2004	PAGE 18,066
MOP024	FEE-FOR-SERVICE/I	ENTAL					03/14/05
YOLO COUNTY	SUMMARY OF SERVIC	ES FOR MN - LONG TERM	CARE - FAMILIES	S DISCONTINUE	D		
					MONT		
00 ELIGIBLES		NITS OF SERVICE	EXPENDITURES				
		OR DAYS OF CARE		PER UNIT/DAY			ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 Ş		•			
PEDIATRIC NURSE PRACTITIONER	· · · · · · · · · · · · · · · · · · ·		.00		.000 \$		
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	
	0	0					.00
RADIOLOGY	0	•	.00	.00	.000	.00	.00
ROOM USE	U	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00				
	0	0		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
		S AND EXPENDITURES	MONTH-OF-PAYMENT I	KEPOKT FOR JAN	ZUU4 THKU DEC	2004	PAGE 18,067
MOP024	FEE-FOR-SERVICE/						03/14/05
YOLO COUNTY	SUMMARY OF SERVI	CES FOR MN - LONG	TERM CARE - FAMIL	IES DISCONTI			_
	_				MON'		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE	:		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		
	0	0	\$		ċ	.00		ċ	.00	\$.00
@STATE HOSPITAL	0	0	Ş	.00	\$.000	\$		Ą	.00
MENTALLY ILL	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	•	0	<u> </u>	.00	<u>^</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00			.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT RE	EPORI	FOR JAN 2	004 THRU	DEC	2004	P.	AGE 18,068
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERVI	CES FOR MN - LC	NG :	TERM CARE - FAMILIE	ES	DISCONTINU	ED				
							M				
00 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S			
		OR DAYS OF CARE			PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$		\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00					.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,069
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

MONTHLY AVERAGE							GE
115 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,228	7,093 \$	867,322.43	\$ 122.28	61.678	706.29	\$ 7541.93
@PHYSICIANS SERVICES	35	252 \$	17,180.92	\$ 68.18	2.191	490.88	\$ 149.40
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	122	14,774.14	121.10	1.061	2110.59	128.47
HOSPITAL VISITS	7	53	1,756.14	33.13	.461	250.88	15.27
CRITICAL CARE	3	68	12,990.50	191.04	.591	4330.17	112.96
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.009	27.50	.24
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	9	948.20	105.36	.078	316.07	8.25
PRINCIPAL SURGEON	2	2	758.78	379.39	.017	379.39	6.60
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	189.42	27.06	.061	189.42	1.65

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00)	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00)	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00)	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00)	.00	.000		.00		.00
DIALYSIS	0	0		.00)	.00	.000		.00		.00
PATHOLOGY	0	0		.00)	.00	.000		.00		.00
RADIOLOGY	6	22		439.64	ļ	19.98	.191		73.27		3.82
PSYCHIATRY	0	0		.00)	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00)	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	29	99		1,018.94	ļ	10.29	.861		35.14		8.86
@PHARMACY	878	1,907 \$	5	269,180.50) \$	141.15	16.583	\$	306.58	\$	2340.70
PRESCRIPTION DRUGS	877	1,906		269,131.89)	141.20	16.574		306.88		2340.28
SNF/ICF	512	1,278		169,752.80)	132.83	11.113		331.55		1476.11
OUTPATIENTS	375	628		99,379.09)	158.25	5.461		265.01		864.17
MEDICAL SUPPLIES	1	1		48.61		48.61	.009		48.61		.42
@DENTIST	340	1,082 \$	5	44,258.75	\$	40.90	9.409	\$	130.17	\$	384.86
VISITS - DIAGNOSTIC	285	824		12,772.75	·)	15.50	7.165		44.82		111.07
ORAL SURGERY	26	101		5,319.00)	52.66	.878		204.58		46.25
DRUGS	2	2		25.00)	12.50	.017		12.50		.22
ANESTHESIA	0	0		.00)	.00	.000		.00		.00
PERIODONTICS	65	69		12,554.00)	181.94	.600		193.14		109.17
ENDODONTICS	1	1		215.00)	215.00	.009		215.00		1.87
RESTORATIVE DENTISTRY	13	32		2,099.00)	65.59	.278		161.46		18.25
PROSTHETICS	0	0		.00)	.00	.000		.00		.00
DENTURES, STAYPLATES	22	53		11,274.00)	212.72	.461		512.45		98.03
SPACE MAINTAINERS	0	0		.00)	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00)	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00)	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00)	.00	.000		.00		.00
ALL OTHER SERVICES	2	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-	OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	PAGE 18,070
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ									03/14/05

YOLO COUNTY	SUMMARY OF SERV	ICES FOR	MN - LO	NG TER	M CARE - TOTAL						~-	
115 77 76777 76			00011100							THLY AVERA	.GE	
115 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST					COST PER
	_	OR DAYS					R UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	5		17	\$	299.63	\$	17.63	.148	Ş	59.93	Ş	2.61
DIAGNOSTIC AND ANC. PROCED	2		2		59.44		29.72	.017		29.72		.52
EYE APPLIANCES	4		15		240.19		16.01	.130		60.05		2.09
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	22		22	\$	85.18	\$	3.87	.191	\$	3.87	\$.74
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	22		22		85.18		3.87	.191		3.87		.74
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		Ō	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9		118	\$	142,106.91		1204.30	1.026		15789.66	\$	1235.71
HOSP INPATIENT TOTAL	8		113	т	142,011.75	т	1256.74	.983	Τ.	17751.47	Τ.	1234.88
HSC HOSPITALS	2		83		129,480.00		1560.00	.722		64740.00		1125.91
NON-HSC HOSPITAL TOTAL	1		30		9,946.53		331.55	.261		9946.53		86.49
ACCOMMODATIONS	1		30		6,939.00		231.30	.261		6939.00		60.34
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	1		30		6,939.00		231.30	.261		6939.00		60.34
ALL OTHER ACCOM	1		0							3007.53		26.15
ANCILLARIES	5				3,007.53		.00	.000		517.04		20.15
INPATIENT CROSSOVERS	0		0		2,585.22		.00	.000				
ALL OTHER INPATIENT	_		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		5		95.16		19.03	.043		47.58		.83
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	_		0		.00		.00	.000		.00		.00
PATHOLOGY	1		3		40.76		13.59	.026		40.76		.35
RADIOLOGY	1		1		20.09		20.09	.009		20.09		.17
ROOM USE	1		1		34.31		34.31	.009		34.31		.30
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

IOLO COUNTI	SUMMARI OF SERVICES FO	K MIN - LO.	NG IERN	CARE - IOIAL						
115 81 1618186	HOEDO INITEO	00 00011100			7.7.7.			MONTHLY AVE		
115 ELIGIBLES		OF SERVICE		EXPENDITURES			UNITS/DAY		Χ.	COST PER
OCCUMUNITES HOODIEST FORST	OR DA	YS OF CARE	Ċ	140 106 01			PER ELIC		<i>-</i> -	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	118	\$	142,106.91		1204.30		\$ 15789.6		
COMM HOSP INPATIENT TOTAL		113		142,011.75		1256.74	.983	17751.4		1234.88
HSC HOSPITALS	2 1	83		129,480.00		1560.00	.722	64740.0		1125.91
NON-HSC HOSPITALS TOTAL		30		9,946.53		331.55	.261	9946.5		86.49
ACCOMMODATIONS	1	30		6,939.00		231.30	.261	6939.0		60.34
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.0		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0		.00
ALL OTHER ACCOM	1	30		6,939.00		231.30	.261	6939.0		60.34
ANCILLARIES	1_	0		3,007.53		.00	.000	3007.5		26.15
INPATIENT CROSSOVERS	5	0		2,585.22		.00	.000	517.0		22.48
ALL OTHER INPATIENT	0	0		.00		.00	.000	. 0		.00
COMM HOSP OUTPATIENT TOTAL	2	5		95.16		19.03	.043	47.5		.83
MEDICAL	0	0		.00		.00	.000	.0		.00
SURGERY	0	0		.00		.00	.000	.0		.00
PATHOLOGY	1	3		40.76		13.59	.026	40.7		.35
RADIOLOGY	1	1		20.09		20.09	.009	20.0		.17
ROOM USE	1	1		34.31		34.31	.009	34.3		.30
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.0		.00
@STATE HOSPITAL	3	92	\$	76,940.64	\$	836.31	.800	\$ 25646.8		
MENTALLY ILL	0	0		15,450.28		.00	.000	.0		134.35
DEVELOP. DISABLED	3	92		61,490.36		668.37	.800	20496.7		534.70
@NURSING FACILITY	98	3 , 097	\$	289,609.15	\$	93.51	26.930	\$ 2955.2		
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.0		.00
LEV B-REHAB MD	30	985		101,157.92		102.70	8.565	3371.9		879.63
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000	.0		.00
LEV B-SUBACUTE HSPTL BASED	1	22		11,567.30		525.79	.191	11567.3		100.59
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0		.00
LEV B-REGULAR	67	2,090		176,883.93		84.63	18.174	2640.0		1538.12
@INTERMEDIATE CARE FACILDD	1	122	\$	22,300.38	\$	182.79	1.061	\$ 22300.3		193.92
ICF DDH	0	0		.00		.00	.000	.0		.00
ICF DD	0	0		.00		.00	.000	.0		.00
ICF DDN/DDCN	1	122		22,300.38		182.79	1.061	22300.3		193.92
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	•) \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.0		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.0		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	•) \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.0		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.0	C	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.0		.00
PATHOLOGY	0	0		.00		.00	.000	.0	Э	.00
XO AND OTHERS	0	0		.00		.00	.000	.0	C	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	268.20	\$	89.40	.026	\$ 134.1) \$	2.33
CLINIC	0	0		.00		.00	.000	.0		.00
SURGICENTER	0	0		.00		.00	.000	.0	С	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.0	С	.00
RURAL HEALTH CLINIC	2	3		268.20		89.40	.026	134.1	С	2.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR:	ES MONT	CH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC 2004		PAGE 18,072
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FO	R MN - LO	NG TERN	M CARE - TOTAL						

115 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	37	381	\$ 5,092.17	•		\$ 137.63	•
DURABLE MED. EQUIP.	2	13	3,651.33	280.87	.113	1825.67	31.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	4	34.41	8.60	.035	11.47	.30
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	4	34.41	8.60	.035	34.41	.30
OTHER SERVICES	2	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	3	164.40	54.80	.026	164.40	1.43
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	27	54	649.80	12.03	.470	24.07	5.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	1.62	.81	.017	.81	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	144.59	48.20	.026	144.59	1.26
HOSPICE SERVICES	1	2	227.24	113.62	.017	227.24	1.98
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	300	218.78	.73	2.609	218.78	1.90
@CALIF. CHILDREN SERVICES*	2	1,270	\$ 142,478.41	\$ 112.19	11.043	\$ 71239.21	\$ 1238.94
@XOVER EXCLUDING STATE HOSP**	54	114	\$ 33,709.06CF	R \$ 295.69CR	.991		

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,073 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

						MC	NTHLY AVERA	GE
276 ELIGIBLES	USERS	UNITS OF SERVICE	C C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,515	7 , 216	\$	649,715.71	\$ 90.04	26.145	\$ 428.86	\$ 2354.04
@PHYSICIANS SERVICES	39	133	\$	2,321.99	\$ 17.46	.482	\$ 59.54	\$ 8.41
OUTPATIENT VISITS	7	7		468.04	66.86	.025	66.86	1.70
OFFICE VISITS	3	3		99.20	33.07	.011	33.07	.36
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4		368.84	92.21	.014	92.21	1.34
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	2		74.40	37.20	.007	37.20	.27
HOSPITAL VISITS	2	2		74.40	37.20	.007	37.20	.27
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	14		335.40		23.96	.051		167.70		1.22
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	14		335.40		23.96	.051		167.70		1.22
OUTPATIENT SURGERY	2	2		305.85	,	152.93	.007		152.93		1.11
PRINCIPAL SURGEON	2	2 2		305.85	,	152.93	.007		152.93		1.11
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	4		155.33		38.83	.014		155.33		.56
RADIOLOGY	8	18		199.76		11.10	.065		24.97		.72
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	25	86		783.21		9.11	.312		31.33		2.84
@PHARMACY	706	1,398	\$	191,456.60	\$	136.95	5.065	\$	271.18	\$	693.68
PRESCRIPTION DRUGS	706	1,397		191,444.56)	137.04	5.062		271.17		693.64
SNF/ICF	289	667		91,284.07		136.86	2.417		315.86		330.74
OUTPATIENTS	425	730		100,160.49)	137.21	2.645		235.67		362.90
MEDICAL SUPPLIES	1	1		12.04		12.04	.004		12.04		.04
@DENTIST	580	2,314	\$	92,625.25	\$	40.03	8.384	\$	159.70	\$	335.60
VISITS - DIAGNOSTIC	417	1,545		18,686.25	,	12.09	5.598		44.81		67.70
ORAL SURGERY	71	200		9,433.00		47.17	.725		132.86		34.18
DRUGS	1	1		25.00		25.00	.004		25.00		.09
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	70	72		11,811.00		164.04	.261		168.73		42.79
ENDODONTICS	14	17		3,514.50		206.74	.062		251.04		12.73
RESTORATIVE DENTISTRY	80	222		13,846.50		62.37	.804		173.08		50.17
PROSTHETICS	5	5		180.00		36.00	.018		36.00		.65
DENTURES, STAYPLATES	93	248		35,129.00		141.65	.899		377.73		127.28
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	6	4		.00		.00	.014		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	MONTH-OF-PAYMENT	REPOF	RT FOR JAN	2004 THRU	DEC	2004	PP	AGE 18,074
MOP024	FEE-FOR-SERVICE/DENTAL	ı									03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FO	R MEDICA:	LLY	NEEDY - AGED							

----- MONTHLY AVERAGE -----EXPENDITURES 276 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 38 786.86 .138 \$ 65.57 \$ @OPTOMETRIST 12 20.71 2.85 7 7 304.70 43.53 .025 43.53 DIAGNOSTIC AND ANC. PROCED 10 31 482.16 15.55 48.22 EYE APPLIANCES .112 1.75 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$.00 \$ VISITS 0 .00 .00 .00 .000 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 14 47.75 3.41 3.41 \$.17 @PODIATRIST 14 .051 \$ MEDICINE/INJECTIONS 0 0 .00 .00 .000 .00 .00 SURGERY/ANES. Ω Ω .00 .00 .000 .00 .00 0 0 .00 .00 .00 RADIO./PATHOLOGY .00 .000 OTHER 14 14 47.75 3.41 .17 .051 3.41 0 0 .00 \$.00 .000 \$.00 \$.00 @HOME HEALTH AGENCY NURSE ANESTHESIST .00 .00 .000 \$.00 \$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	21	75	\$ 41,604.41	\$ 554.73	.272	\$ 1981.16	\$ 150.74
HOSP INPATIENT TOTAL	7	18	40,569.84	2253.88	.065	5795.69	146.99
HSC HOSPITALS	1	2	2,580.00	1290.00	.007	2580.00	9.35
NON-HSC HOSPITAL TOTAL	4	16	37,113.84	2319.62	.058	9278.46	134.47
ACCOMMODATIONS	4	16	7,313.50	457.09	.058	1828.38	26.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	16	7,313.50	457.09	.058	1828.38	26.50
ANCILLARIES	4	0	29,800.34	.00	.000	7450.09	107.97
INPATIENT CROSSOVERS	2	0	876.00	.00	.000	438.00	3.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	57	1,034.57	18.15	.207	73.90	3.75
MEDICAL	3	4	145.52	36.38	.014	48.51	.53
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	36	427.38	11.87	.130	42.74	1.55
RADIOLOGY	4	5	213.20	42.64	.018	53.30	.77
ROOM USE	3	4	157.34	39.34	.014	52.45	.57
CROSSOVERS/ALL OTH OUTPINT	4	8	91.13	11.39	.029	22.78	.33
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 18,075
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES E	FOR MEDICALLY	NEEDY - AGED				

IOLO COUNTI	SUMMAKI OF SERV	VICES FOR MEDICALL	I NE	LEDI - AGED			M	∩nt⊓	THLY AVERA	CE.	
276 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7.	ERAGE COST				.GE	COST PER
2/0 ELIGIBLES	USEKS	OR DAYS OF CARE		EXPENDITURES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21		\$	41,604.41	\$	554.73			1981.16	خ	150.74
COMM HOSP INPATIENT TOTAL	7	18	ې	40,569.84	Ą	2253.88	.065	Ş	5795.69	Ą	146.99
	1	2				1290.00	.065		2580.00		9.35
HSC HOSPITALS	4			2,580.00							
NON-HSC HOSPITALS TOTAL	4	16		37,113.84		2319.62	.058		9278.46		134.47
ACCOMMODATIONS	4	16		7,313.50		457.09	.058		1828.38		26.50
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	16		7,313.50		457.09	.058		1828.38		26.50
ANCILLARIES	4	0		29,800.34		.00	.000		7450.09		107.97
INPATIENT CROSSOVERS	2	0		876.00		.00	.000		438.00		3.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14	57		1,034.57		18.15	.207		73.90		3.75
MEDICAL	3	4		145.52		36.38	.014		48.51		.53
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	10	36		427.38		11.87	.130		42.74		1.55
RADIOLOGY	4	5		213.20		42.64	.018		53.30		.77
ROOM USE	3	4		157.34		39.34	.014		52.45		.57
CROSSOVERS/ALL OTH OUTPTNT		8		91.13		11.39	.029		22.78		.33
@STATE HOSPITAL	3	92	\$	76,940.64	\$	836.31	.333	\$	25646.88	\$	278.77
MENTALLY ILL	0	0		15,450.28		.00	.000		.00		55.98
DEVELOP. DISABLED	3	92		61,490.36		668.37	.333		20496.79		222.79
@NURSING FACILITY	62	1,996	\$	182,111.23	\$	91.24	7.232	\$	2937.28	\$	659.82
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	22	728		75,993.96		104.39	2.638		3454.27		275.34
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	40	1,268		106,117.27		83.69	4.594		2652.93		384.48
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	Ś		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	-	.00	.000	т	.00	-	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		\$	103.06	\$	7.36	.051	Ś	103.06	Ś	.37
PATHOLOGY	1	14	т	103.06	~	7.36	.051	٧	103.06	Y	.37
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	19		\$	3,584.31	\$	112.01	.116	ς		\$	12.99
CLINIC CLINIC	1	4	۲	80.76	Y	20.19	.014	Y	80.76	٧	.29
CTITIATO	T	4		00.70		20.1J	• 0 1 4		00.70		. 43

.00 .00 .00 SURGICENTER 0 0 .000 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .000 .00 3,503.55 RURAL HEALTH CLINIC 18 28 125.13 .101 194.64 12.69 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,076

03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

FEE-FOR-SERVICE/DENTAL

MOP024

						MON	THLY AVERAGE	
276 ELIGIBLES	USERS UN	ITS OF SERVICE	E E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	217	1,110	\$	58,133.61	\$ 52.37	4.022	267.90 \$	210.63
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	21		224.70	10.70	.076	74.90	.81
AMBULANCES/AIR TRANS	1	8		149.38	18.67	.029	149.38	.54
OTHER TRANS	2	13		75.32	5.79	.047	37.66	.27
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	1	2		32.44	16.22	.007	32.44	.12
ADULT DAY HEALTH CARE CTR	68	770		53,422.76	69.38	2.790	785.63	193.56
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	4		480.00	120.00	.014	240.00	1.74
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	140	307		3,593.69	11.71	1.112	25.67	13.02
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3		144.59	48.20	.011	144.59	.52
HOSPICE SERVICES	1	2		227.24	113.62	.007	227.24	.82
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		8.19	8.19	.004	8.19	.03
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00 \$.00
@XOVER EXCLUDING STATE HOSP**	35	93	\$	23,652.61CR	\$ 254.33CR	.337	675.79CR\$	85.70CR
0* TOTALS IN THESE LINES ARE GI	VEN AS A SEPARATE	TNFORMATION	TTEM ONLY:	•				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,077
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----17 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 29 402 \$ 33,488.40 \$ 83.30 23.647 \$ 1154.77 \$ 1969.91 2 Ś 28.10 \$ 9.37 .176 \$ 14.05 \$ 1.65 @PHYSICIANS SERVICES .00 0 0 .00 .00 .00 OUTPATIENT VISITS .000 .00 .000 OFFICE VISITS Ω 0 .00 .00 . 00 .00 Ω 0 .00 .000 .00 .00 HOME VISITS .00 EMERGENCY ROOM 0 0 .000 .00 .00 .00 0 0 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	U			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	_									
IMMUNIZATION AND INJECTION	-	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	3		28.10		9.37	.176		14.05		1.65
@PHARMACY	15		\$	3,525.84	\$	83.95	2.471	\$	235.06	\$	207.40
PRESCRIPTION DRUGS	15	42		3,525.84		83.95	2.471		235.06		207.40
SNF/ICF	12	38		2,772.04		72.95	2.235		231.00		163.06
OUTPATIENTS	4	4		753.80		188.45	.235		188.45		44.34
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	11	54	\$	1,801.00	\$	33.35	3.176	\$	163.73	\$	105.94
VISITS - DIAGNOSTIC	5	40		435.00		10.88	2.353		87.00		25.59
ORAL SURGERY	1	1		45.00		45.00	.059		45.00		2.65
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	7	9		636.00		70.67	.529		90.86		37.41
	7	9									
ENDODONTICS	Ι.	1		215.00		215.00	.059		215.00		12.65
RESTORATIVE DENTISTRY	2	3		470.00		156.67	.176		235.00		27.65
PROSTHETICS	O	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	S MON		EPORT			DEC :	2004	PΑ	GE 18,078
MOP024	FEE-FOR-SERVIC										03/14/05
YOLO COUNTY		/ICES FOR MEDICALLY	V NEE	DY - BITND							03/11/00
1010 COON11	BOHLING OF BEIN	riedo ron Habienada	,	DI DEIND			M	ON™U.	T V 7/17/207	CF _	
17 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/1	RAGE COST			OST PER		COST PER
1/ EDIGIDUES	USEKS			EXPENDITORES		UNIT/DAY					
CODMOMENTAGE	0	OR DAYS OF CARE	4	0.0					USER		LIGIBLE
@OPTOMETRIST	0	0 \$	7	.00	\$.00	.000	Þ	.00	Þ	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	· ·	· ·		• 0 0		. 00	.000		.00		.00
@PODIATRIST	4		\$	28.37	\$	7.09	.235	\$	7.09	\$	1.67

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	4	4		28.37		7.09	.235	7.09	1.67
@HOME HEALTH AGENCY	0	0 \$.00	Ċ	.00	.000 \$		
-	0				Ş				
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	Ü	0 \$.00	Ş	.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	Ő	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
	0	0							
ANCILLARIES	•	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0		.00	Ψ.	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
	0	0							
NON-HSC HOSPITALS TOTAL				.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
		ES AND EXPENDITURES	MONITH OF		2DOD# E				
#CALIF DEPT OF HEALTH SERV MOP024			MONIH-OF-	PAIMENI RE	LPORT F	OR JAN 2	2004 IRKO DE	LC 2004	PAGE 18,079 03/14/05
	FEE-FOR-SERVICE		NEEDN D	T TND					03/14/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - E	SLIND					~=
4									GE
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPE	NDITURES			UNITS/DAYS		COST PER
		OR DAYS OF CARE			PER U		PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
	-	-				-			

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	292	\$ 28,039.00	\$ 96.02	17.176	\$ 2803.90	\$ 1649.35
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	292	28,039.00	96.02	17.176	2803.90	1649.35
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,080
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - BLIND				
					MON	ITHLY AVERAG	E
17 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES			COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
	OR .	DAYS OF CARE	66.00	PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE

						IIIII AVEKAGE	
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	7 \$	66.09	\$ 9.44	.412 \$	16.52 \$	3.89
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	57.36	9.56	.353	19.12	3.37
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.73	8.73	.059	8.73	.51
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	7	8 \$	1,614.80CR	\$ 201.85CR	.471 \$	230.69CR\$	94.99CR

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,081 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

							MO	NTHLY AVERA	GE	
141 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER U	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,605	23,918	\$	921,930.28	\$	38.55	169.631	\$ 574.41	\$	6538.51
@PHYSICIANS SERVICES	29	190	\$	17,161.62	\$	90.32	1.348	\$ 591.78	\$	121.71

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	2	2		68.73		34.37	.014		34.37		.49
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	2	2		68.73		34.37	.014		34.37		.49
	2										
INPATIENT VISITS	,	122		14,774.14		121.10	.865		2110.59		104.78
HOSPITAL VISITS	/	53		1,756.14		33.13	.376		250.88		12.45
CRITICAL CARE	3	68		12,990.50		191.04	.482		4330.17		92.13
SNF/ICF/TRANS IP CARE	1	1		27.50		27.50	.007		27.50		.20
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	9		948.20		105.36	.064		316.07		6.72
PRINCIPAL SURGEON	2	2		758.78		379.39	.014		379.39		5.38
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	7		189.42		27.06	.050		189.42		1.34
	1	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0									
PRINCIPAL SURGEON	U			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	7	24		740.98		30.87	.170		105.85		5.26
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	20	33		629.57		19.08	.234		31.48		4.47
@PHARMACY	938	2,271	\$	486,376.78	\$	214.17	16.106	Ś		Ś	
PRESCRIPTION DRUGS	937	2,268	Y	486,222.55	٧	214.17	16.085	٧	518.91	Y	3448.39
SNF/ICF	236	637		89,691.25		140.80	4.518		380.05		636.11
				•							
OUTPATIENTS	711	1,631		396,531.30		243.12	11.567		557.71		2812.28
MEDICAL SUPPLIES	2	3	_	154.23	_	51.41	.021	_	77.12	_	1.09
@DENTIST	422	2,117	\$	68,722.25	\$	32.46	15.014	Ş		Ş	487.39
VISITS - DIAGNOSTIC	308	1 , 455		14,934.25		10.26	10.319		48.49		105.92
ORAL SURGERY	57	193		8,391.00		43.48	1.369		147.21		59.51
DRUGS	1	1		.00		.00	.007		.00		.00
ANESTHESIA	1	1		100.00		100.00	.007		100.00		.71
PERIODONTICS	48	60		5,842.00		97.37	.426		121.71		41.43
ENDODONTICS	31	62		9,285.00		149.76	.440		299.52		65.85
RESTORATIVE DENTISTRY	94	230		18,114.00		78.76	1.631		192.70		128.47
PROSTHETICS	6	6		90.00		15.00	.043		15.00		.64
DENTURES, STAYPLATES	32	76		11,966.00		157.45	.539		373.94		84.87
SPACE MAINTAINERS	0	0		•		.00	.000		.00		.00
	0	0		.00							
MAXILLOFACIAL SERVICES	•	•		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00			.00		.00
ALL OTHER SERVICES	12	33		.00		.00			.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES	MONTH-OF-PAYMENT R	REPOR'	T FOR JAN 2	2004 THRU I	DEC	2004	P	
MOP024	FEE-FOR-SERVICE	I/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY	NEEDY - DISABLED							
		-					MC	ONTH	HLY AVERA	GE	
141 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST					COST PER
111 2212220	00210	OR DAYS OF CARE		2112 2112 2 1 01120		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	17	48		817.80							5.80
DIAGNOSTIC AND ANC. PROCED	1	1	Y	39.44	Y	39.44		Υ	39.44	Y	.28
DIAGNOSTIC AND ANC. PROCED	Τ.	Τ		39.44		JJ.44	.007		JJ.44		. 40

EYE APPLIANCES	17	47		778.36		16.56	.333		45.79		5.52
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	4	\$	9.06	\$	2.27	.028	\$	2.27	\$.06
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	4		9.06		2.27	.028		2.27		.06
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$		\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	126	\$ \$	145,639.37		1155.87	.894	\$	9709.29	\$	1032.90
	12		Ų	•	۲			۲		ې	
HOSP INPATIENT TOTAL		113		145,508.51		1287.69	.801		12125.71		1031.98
HSC HOSPITALS	2	83		129,480.00		1560.00	.589		64740.00		918.30
NON-HSC HOSPITAL TOTAL	1	30		9,946.53		331.55	.213		9946.53		70.54
ACCOMMODATIONS	Ţ	30		6,939.00		231.30	.213		6939.00		49.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	30		6,939.00		231.30	.213		6939.00		49.21
ANCILLARIES	1	0		3,007.53		.00	.000		3007.53		21.33
INPATIENT CROSSOVERS	9	0		6,081.98		.00	.000		675.78		43.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	13		130.86		10.07	.092		32.72		.93
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	3		40.76		13.59	.021		40.76		.29
RADIOLOGY	1	1		20.09		20.09	.007		20.09		.14
ROOM USE	1	1		34.31		34.31	.007		34.31		.24
CROSSOVERS/ALL OTH OUTPINT	2	8		35.70		4.46	.057		17.85		.25
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MO	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2004 THRU	DEC	C 2004	P	AGE 18,083
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MEDICALI	Y NE	EEDY - DISABLED							
							M	CNO	THLY AVERA	.GE	
141 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER

		OR DAYS OF CARE			חשת	R UNIT/DAY	DED ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	126	\$	145,639.37		1155.87			9709.29		
COMM HOSP INPATIENT TOTAL	12	113	۲	145,508.51		1287.69	.801		12125.71	۲	1032.90
HSC HOSPITALS	2	83		129,480.00		1560.00	.589		64740.00		918.30
	1	30		-		331.55			9946.53		
NON-HSC HOSPITALS TOTAL	1			9,946.53			.213				70.54
ACCOMMODATIONS	0	30 0		6,939.00		231.30	.213		6939.00		49.21
ADMINISTRATIVE DAYS	-	•		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	30		6,939.00		231.30	.213		6939.00		49.21
ANCILLARIES	1	0		3,007.53		.00	.000		3007.53		21.33
INPATIENT CROSSOVERS	9	0		6,081.98		.00	.000		675.78		43.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	13		130.86		10.07	.092		32.72		.93
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	3		40.76		13.59	.021		40.76		.29
RADIOLOGY	1	1		20.09		20.09	.007		20.09		.14
ROOM USE	1	1		34.31		34.31	.007		34.31		.24
CROSSOVERS/ALL OTH OUTPTNT	2	8		35.70		4.46	.057		17.85		.25
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	28	872	\$	85 , 497.79	\$	98.05	6.184	\$	3053.49	\$	606.37
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	9	289		29,174.20		100.95	2.050		3241.58		206.91
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	22		11,567.30		525.79	.156		11567.30		82.04
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	18	561		44,756.29		79.78	3.979		2486.46		317.42
@INTERMEDIATE CARE FACILDD	1	122	\$	22,300.38	\$	182.79	.865	\$	22300.38	\$	158.16
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	122		22,300.38		182.79	.865		22300.38		158.16
@HEMODIALYSIS TOTAL	2	4	\$	919.41	\$	229.85	.028	\$	459.71	\$	6.52
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	4		919.41		229.85	.028		459.71		6.52
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	15	\$	260.70	\$	17.38	.106	\$	260.70	\$	1.85
PATHOLOGY	1	15		260.70		17.38	.106		260.70		1.85
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	25	\$	1,493.81	\$	59.75	.177	\$	149.38	\$	10.59
CLINIC	3	18		453.23		25.18	.128		151.08		3.21
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	7		1,040.58			.050		148.65		7.38
	MEDI-CAL SERVIC	CES AND EXPENDITUR		MONTH-OF-PAYMENT R							AGE 18,084
	FEE-FOR-SERVICE										03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY I	NEEDY - DISABLED							
							M	INO	HLY AVERA	.GE	
141 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE						COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	329	18,124		92,731.31	\$	5.12			281.86		
DURABLE MED. EQUIP.	2	13	•	3,651.33			.092	'	1825.67		25.90
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	-	-		. • •			-		-		

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	1	42.64	42.64	.007	14.21	.30
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	1	42.64	42.64	.007	14.21	.30
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	32	399	27,762.42	69.58	2.830	867.58	196.90
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	21	559.99	26.67	.149	140.00	3.97
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	99	215	2,322.61	10.80	1.525	23.46	16.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	1.62	.81	.014	.81	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	183	17,162	57,987.43	3.38	121.716	316.87	411.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	311	403.27	1.30	2.206	67.21	2.86
@CALIF. CHILDREN SERVICES*	4	1,272	\$ 142,547.14 \$	112.07	9.021	\$ 35636.79 \$	1010.97
@XOVER EXCLUDING STATE HOSP**	40	54	\$ 2,708.20CR \$	50.15CR	.383	\$ 67.71CR\$	19.21CR
0: -0			 				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

03/14/05

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,085 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

					MON	THLY AVERAC	GE
26,275 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,482 1,127	69,167 \$	2,602,378.98	\$ 37.62	2.632	179.70	\$ 99.04
@PHYSICIANS SERVICES	1,127	3,436 \$	183,330.58	\$ 53.36	.131		
OUTPATIENT VISITS	517	1,170	40,062.50	34.24	.045	77.49	1.52
OFFICE VISITS	105	132	6,167.34	46.72	.005	58.74	.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	208	217	12,781.10	58.90	.008	61.45	.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	217	814	20,944.31	25.73	.031	96.52	.80
OTHER OUTPATIENT	7	7	169.75	24.25	.000	24.25	.01
INPATIENT VISITS	90	232	16,245.80	70.03	.009	180.51	.62
HOSPITAL VISITS	81	160	7,128.68	44.55	.006	88.01	.27
CRITICAL CARE	13	72	9,117.12	126.63	.003	701.32	.35
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	138.01	46.00	.000	46.00	.01
	2	3	138.01	46.00	.000	46.00	.01
EXAMINATIONS	0	0			.000		.00
SERVICES AND MATERIALS			.00	.00		.00	
INPATIENT HOSPITAL SURGERY	148	584	76,891.26	131.66	.022	519.54	2.93
PRINCIPAL SURGEON	84	90	60,093.32	667.70	.003	715.40	2.29
ASSISTANT SURGEON	19	19	3,530.42	185.81	.001	185.81	.13
ANESTHESIOLOGIST	70	475	13,267.52	27.93	.018	189.54	.50
OUTPATIENT SURGERY	86	171	10,066.36	58.87	.007	117.05	.38
PRINCIPAL SURGEON	76	111	8,428.01	75.93	.004	110.89	.32
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.00
ANESTHESIOLOGIST	11	59	1,531.13	25.95	.002	139.19	.06
DIALYSIS	2	3	618.86	206.29	.000	309.43	.02
PATHOLOGY	174	548	7,569.91	13.81	.021	43.51	.29
RADIOLOGY	420	550	25 , 788.68	46.89	.021	61.40	.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	14	437.66	31.26	.001	54.71	.02
OTHER SERVICES/ALL X-OVERS	107	161	5,511.54	34.23	.006	51.51	.21
@PHARMACY	1,110	1 , 890 \$	130,049.30	\$ 68.81	.072		•
PRESCRIPTION DRUGS	1,092	1,801	123,121.48	68.36	.069	112.75	4.69
SNF/ICF	1	3	267.67	89.22	.000	267.67	.01
OUTPATIENTS	1,092	1,798	122,853.81	68.33	.068	112.50	4.68
MEDICAL SUPPLIES	44	89	6 , 927.82	77.84	.003	157.45	.26
@DENTIST	44 6,665	34,001 \$	933,878.70	\$ 27.47	1.294	\$ 140.12	\$ 35.54
VISITS - DIAGNOSTIC	4,957	24,113	288,257.65	11.95	.918	58.15	10.97
ORAL SURGERY	827	1,472	74,603.35	50.68	.056	90.21	2.84
DRUGS	40	42	900.00	21.43	.002	22.50	.03
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.01
PERIODONTICS	335	360	32,444.10	90.12	.014	96.85	1.23
ENDODONTICS	596	1,020	155,676.25	152.62	.039	261.20	5.92
RESTORATIVE DENTISTRY	2,321	5,982	325,687.15	54.44	.228	140.32	12.40
PROSTHETICS	47	53	1,730.00	32.64	.002	36.81	.07
DENTURES, STAYPLATES	94	449	28,097.10	62.58	.017	298.91	1.07
SPACE MAINTAINERS	42	52	5,505.10	105.87	.002	131.07	.21
MAXILLOFACIAL SERVICES	5	5	200.00	40.00	.000	40.00	.01
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.05
ORTHODONTIC SERVICES	207	273	18,103.00	66.31	.010	87.45	.69
ALL OTHER SERVICES	175	177	1,275.00	7.20	.007	7.29	.05
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MC					PAGE 18,086
MODO24	FFF-FOD-CFDVIC				2001 IIII(O DI		03/14/05

03/14/05

YOLO COUNTY	SUMMARY OF SERV	VICES FOR MEDICAL	LY N	EEDY - FAMILIES			MO	NIM.	UIT V 7 TO 7	CE.	
26,275 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z\ 7.7	ERAGE COST				GE	COST PER
20,275 EDIGIDLES	OSEKS	OR DAYS OF CARE		EXFENDITORES		R UNIT/DAY		ر	USER		ELIGIBLE
@OPTOMETRIST	76	174	\$	3,525.98	\$	20.26	.007	Ś	46.39		.13
DIAGNOSTIC AND ANC. PROCED	30	33	۲	1,383.45	٧	41.92	.001	Υ	46.12	Υ	.05
EYE APPLIANCES	65	141		2,142.53		15.20	.005		32.96		.08
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0	0	7	.00	-	.00	.000	т	.00	-	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$		\$.00
MEDICINE/INJECTIONS	0	0	•	.00		.00	.000		.00	•	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	4	\$	264.03	\$	66.01	.000	\$	132.02	\$.01
NURSE ANESTHESIST	2	14	\$	300.65	\$	21.48	.001	\$	150.33	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	857	3,581	\$	•	\$	239.94		\$	1002.61	\$	32.70
HOSP INPATIENT TOTAL	198	676		787,920.45		1165.56	.026		3979.40		29.99
HSC HOSPITALS	56	187		249,842.42		1336.06	.007		4461.47		9.51
NON-HSC HOSPITAL TOTAL	144	489		538,078.03		1100.36	.019		3736.65		20.48
ACCOMMODATIONS	144	489		165,190.83		337.81	.019		1147.16		6.29
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	144	489		165,190.83		337.81	.019		1147.16		6.29
ANCILLARIES	143	0		372,887.20		.00	.000		2607.60		14.19
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL MEDICAL	747 84	2,905 101		71,314.58 2,666.50		24.55 26.40	.111		95.47 31.74		2.71 .10
	98	171		4,972.34		29.08	.004		50.74		.10
SURGERY PATHOLOGY	337	1,336		15,116.39		11.31	.051		44.86		.58
RADIOLOGY	225	302		19,743.76		65.38	.011		87.75		.75
ROOM USE	357	445		17,318.51		38.92	.017		48.51		.66
CROSSOVERS/ALL OTH OUTPTNI		550		11,497.08		20.90	.021		34.53		.44
@COUNTY HOSPITAL TOTAL	9	20	\$	6,065.04	\$	303.25	.001	Ś	673.89	Ś	.23
CO HOSPITAL INPATIENT TOTAL		4	т	5,406.04	т	1351.51	.000	т	2703.02	Τ.	.21
HSC HOSPITALS	2	4		5,406.04		1351.51	.000		2703.02		.21
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	8	16		659.00		41.19	.001		82.38		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		81.07		81.07	.000		81.07		.00
PATHOLOGY	1	6		50.74		8.46	.000		50.74		.00
RADIOLOGY	1	1		.00		.00	.000		.00		.00
ROOM USE	2	4		252.37		63.09	.000		126.19		.01

CROSSOVERS/ALL OTH OUTPTNT 4 4 274.82 68.71 .000 68.71 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,087

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

1101 02 1	I BE I OIL DEILVIOE, BENIIM	
YOLO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - F	FAMILIES

COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

----- MONTHLY AVERAGE -----
26,275 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | COMMINIST | SUMMANY OF SERVICES FOR MORTCALLY NEETY - FAMILIES | C. 27. P. 27 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,088 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES YOLO COUNTY

26,275 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,797	16,725	\$	189,490.09	\$ 11.33	.637	\$ 39.50	\$ 7.21
DURABLE MED. EQUIP.	3	6		216.54	36.09	.000	72.18	.01
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	55	406		7,924.53	19.52	.015	144.08	.30
AMBULANCES/AIR TRANS	54	405		6,124.53	15.12	.015	113.42	.23
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.07
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	164	164		17,220.00	105.00	.006	105.00	.66
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	907	1,912		17,253.21	9.02	.073	19.02	.66
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		61.00	61.00	.000	61.00	.00
PROSTHETICS	1	1		61.00	61.00	.000	61.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2		113.97	56.99	.000	113.97	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,694	14,233		146,692.83	10.31	.542	39.71	5.58
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		8.01	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	76	1,668	\$	66 , 753.71	\$ 40.02	.063	\$ 878.34	\$ 2.54
@XOVER EXCLUDING STATE HOSP**	5	8	\$	2,625.45	\$ 328.18	.000	\$ 525.09	\$.10

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,089
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

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						MO	NTHLY AVERA	GE
26,709 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	17,631	100,703	\$	4,207,513.37	\$ 41.78	3.770	\$ 238.64	\$ 157.53
@PHYSICIANS SERVICES	1,197	3 , 762	\$	202,842.29	\$ 53.92	.141	\$ 169.46	\$ 7.59
OUTPATIENT VISITS	526	1,179		40,599.27	34.44	.044	77.18	1.52
OFFICE VISITS	108	135		6,266.54	46.42	.005	58.02	.23
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	212	221		13,149.94	59.50	.008	62.03	.49
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	217	814		20,944.31	25.73	.030	96.52	.78
OTHER OUTPATIENT	9	9		238.48	26.50	.000	26.50	.01
INPATIENT VISITS	99	356		31,094.34	87.34	.013	314.08	1.16
HOSPITAL VISITS	90	215		8,959.22	41.67	.008	99.55	.34
CRITICAL CARE	16	140		22,107.62	157.91	.005	1381.73	.83
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	3	3		138.01	46.00	.000	46.00	.01

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	3	3	138.01	46.00	.000	46.00	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	153	607	78,174.86	128.79	.023	510.95	2.93
PRINCIPAL SURGEON	86	92	60,852.10	661.44	.003	707.58	2.28
ASSISTANT SURGEON	19	19	3,530.42	185.81	.001	185.81	.13
ANESTHESIOLOGIST	73	496	13,792.34	27.81	.019	188.94	.52
OUTPATIENT SURGERY	88	173	10,372.21	59.95	.006	117.87	.39
PRINCIPAL SURGEON	78	113	8,733.86	77.29	.004	111.97	.33
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.00
ANESTHESIOLOGIST	11	59	1,531.13	25.95	.002	139.19	.06
DIALYSIS	2	3	618.86	206.29	.000	309.43	.02
PATHOLOGY	175	552	7,725.24	14.00	.021	44.14	.29
RADIOLOGY	435	592	26,729.42	45.15	.022	61.45	1.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	14	437.66	31.26	.001	54.71	.02
OTHER SERVICES/ALL X-OVERS	154	283	6,952.42	24.57	.011	45.15	.26
@PHARMACY	2,769	5,601	\$ 	\$.210	\$ 293.03	\$ 30.38
PRESCRIPTION DRUGS	2 , 750	5 , 508	804,314.43	146.03	.206	292.48	30.11
SNF/ICF	538	1,345	184,015.03	136.81	.050	342.04	6.89
OUTPATIENTS	2,232	4,163	620,299.40	149.00	.156	277.91	23.22
MEDICAL SUPPLIES	47	93	7,094.09	76.28	.003	150.94	.27
@DENTIST	7 , 678	38,486	\$ 1,097,027.20	\$	1.441	\$ 142.88	\$ 41.07
VISITS - DIAGNOSTIC	5 , 687	27 , 153	322,313.15	11.87	1.017	56.68	12.07
ORAL SURGERY	956	1,866	92 , 472.35	49.56	.070	96.73	3.46
DRUGS	42	44	925.00	21.02	.002	22.02	.03
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.01
PERIODONTICS	460	501	50,733.10	101.26	.019	110.29	1.90
ENDODONTICS	642	1,100	168,690.75	153.36	.041	262.76	6.32
RESTORATIVE DENTISTRY	2 , 497	6,437	358 , 117.65	55.63	.241	143.42	13.41
PROSTHETICS	58	64	2,000.00	31.25	.002	34.48	.07
DENTURES, STAYPLATES	219	773	75 , 192.10	97.27	.029	343.34	2.82
SPACE MAINTAINERS	42	52	5,505.10	105.87	.002	131.07	.21

MAXILLOFACIAL SERVICES	5	5	200.00	40.00	.000	40.00	.01
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.04
ORTHODONTIC SERVICES	207	273	18,103.00	66.31	.010	87.45	.68
ALL OTHER SERVICES	193	214	1,275.00	5.96	.008	6.61	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 18,090
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05

MOP024	FEE-FOR-SERVIC										03/14/05
YOLO COUNTY	SUMMARY OF SER	VICES FOR MEDICA	LLY N	EEDY - TOTAL			MO	חואר	UIV AUFDA	CE	
26,709 ELIGIBLES	USERS	UNITS OF SERVIC	E.	EXPENDITURES	7, 7, 7	ERAGE COST				.GĽ	COST PER
20,709 EDIGIBLES	OSEKS	OR DAYS OF CAR		EXFENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	105	260	\$	5,130.64	\$	19.73	.010		48.86		.19
DIAGNOSTIC AND ANC. PROCED	38	41	٧	1,727.59	Y	42.14	.002	Y	45.46	Y	.06
EYE APPLIANCES	92	219		3,403.05		15.54	.002		36.99		.13
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
VISITS	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	22	22	\$	85.18	\$	3.87	.001	Ġ	3.87	Ġ	.00
MEDICINE/INJECTIONS	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	22	22		85.18		3.87	.001		3.87		.00
@HOME HEALTH AGENCY	2	4	\$		\$	66.01	.000	Ċ	132.02	Ċ	.01
NURSE ANESTHESIST	2	14	\$	300.65	\$	21.48	.001		150.33	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	893	3,782	Ś			276.70	.142		1171.87		39.18
HOSP INPATIENT TOTAL	217	807	۲	973,998.80	Y	1206.94	.030	Y	4488.47	Y	36.47
HSC HOSPITALS	59	272		381,902.42		1404.05	.010		6472.92		14.30
NON-HSC HOSPITAL TOTAL	149	535		585,138.40		1093.72	.020		3927.10		21.91
ACCOMMODATIONS	149	535		179,443.33		335.41	.020		1204.32		6.72
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	149	535		179,443.33		335.41	.020		1204.32		6.72
ANCILLARIES	148	0		405,695.07		.00	.000		2741.18		15.19
INPATIENT CROSSOVERS	11	0		6,957.98		.00	.000		632.54		.26
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	765	2,975		72,480.01		24.36	.111		94.75		2.71
MEDICAL	87	105		2,812.02		26.78	.004		32.32		.11
SURGERY	98	171		4,972.34		29.08	.006		50.74		.19
PATHOLOGY	348	1,375		15,584.53		11.33	.051		44.78		.58
RADIOLOGY	230	308		19,977.05		64.86	.012		86.86		.75
ROOM USE	361	450		17,510.16		38.91	.017		48.50		.66
CROSSOVERS/ALL OTH OUTPTNT	339	566		11,623.91		20.54	.021		34.29		. 44
@COUNTY HOSPITAL TOTAL	9	20	\$		\$	303.25	.001	\$		\$.23
CO HOSPITAL INPATIENT TOTAL	2	4		5,406.04		1351.51	.000		2703.02		.20
HSC HOSPITALS	2	4		5,406.04		1351.51	.000		2703.02		.20
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ō	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	8	16	659.00	41.19	.001	82.38	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	81.07	81.07	.000	81.07	.00
PATHOLOGY	1	6	50.74	8.46	.000	50.74	.00
RADIOLOGY	1	1	.00	.00	.000	.00	.00
ROOM USE	2	4	252.37	63.09	.000	126.19	.01
CROSSOVERS/ALL OTH OUTPINT	4	4	274.82	68.71	.000	68.71	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU I	DEC 2004	PAGE 18,091
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - TOTAL				
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						MO	NTHLY AVERA	GE	
26,709 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	887	3,762	\$	1,040,413.77	\$ 276.56	.141	\$ 1172.96	\$	38.95
COMM HOSP INPATIENT TOTAL	215	803		968,592.76	1206.22	.030	4505.08		36.26
HSC HOSPITALS	57	268		376,496.38	1404.84	.010	6605.20		14.10
NON-HSC HOSPITALS TOTAL	149	535		585,138.40	1093.72	.020	3927.10		21.91
ACCOMMODATIONS	149	535		179,443.33	335.41	.020	1204.32		6.72
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	149	535		179,443.33	335.41	.020	1204.32		6.72
ANCILLARIES	148	0		405,695.07	.00	.000	2741.18		15.19
INPATIENT CROSSOVERS	11	0		6,957.98	.00	.000	632.54		.26
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	760	2,959		71,821.01	24.27	.111	94.50		2.69
MEDICAL	87	105		2,812.02	26.78	.004	32.32		.11
SURGERY	97	170		4,891.27	28.77	.006	50.43		.18
PATHOLOGY	348	1,369		15,533.79	11.35	.051	44.64		.58
RADIOLOGY	229	307		19,977.05	65.07	.011	87.24		.75
ROOM USE	360	446		17,257.79	38.69	.017	47.94		.65
CROSSOVERS/ALL OTH OUTPTNT	335	562		11,349.09	20.19	.021	33.88		.42
@STATE HOSPITAL	3	92	\$	76,940.64	\$ 836.31			\$	2.88
MENTALLY ILL	0	0	Y	15,450.28	.00	.000	.00	Y	.58
DEVELOP. DISABLED	3	92		61,490.36	668.37	.003	20496.79		2.30
@NURSING FACILITY	100	3,160	\$	295,648.02	\$ 93.56		\$ 2956.48	Ċ	11.07
LEV A-INTERMEDIATE	0	0,100	Y	.00	.00	.000	.00	Ÿ	.00
LEV B-REHAB MD	31	1,017		105,168.16	103.41	.038	3392.52		3.94
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
	1	22		11,567.30	525.79	.001	11567.30		.43
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.43
	68	2,121			84.35	.079	2631.07		6.70
LEV B-REGULAR	1	•	Ċ	178,912.56				ċ	.83
@INTERMEDIATE CARE FACILDD ICF DDH	1	122 0	\$	•	\$ 182.79			\$.00
	0	0		.00	.00	.000	.00		.00
ICF DD	0				.00				
ICF DDN/DDCN	1	122	ć	22,300.38	182.79	.005	22300.38	Ċ	.83
@HEMODIALYSIS TOTAL	8	99	\$	13,876.46	\$ 140.17	.004		Ş	.52
HOSPITAL BASED	Ü	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	8	99		13,876.46	140.17	.004	1734.56		.52
@REHABILITATION FACILITY	15	226	\$	3,532.84	\$ 15.63	.008		Ş	.13
HOSPITAL BASED	2	3		72.91	24.30	.000	36.46		.00
INDEPENDENT FACILITY	13	223	_	3,459.93	15.52	.008	266.15	_	.13
@LABORATORY FACILITY	611	1,570	\$	23,170.61	\$ 14.76	.059		Ş	.87
PATHOLOGY	611	1,570		23,170.61	14.76	.059	37.92		.87
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,312	7,537	\$	268,086.00	\$ 35.57	.282		\$	10.04
CLINIC	834	6,885		182,253.68	26.47	.258	218.53		6.82

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YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL 03/14/05

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,093 MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W 03/14/05

7,070 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS ----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	19	28		944.68		33.74	.004		49.72		.13
INPATIENT VISITS	22	58		3,653.77		63.00	.008		166.08		.52
HOSPITAL VISITS	21	56		3,247.13		57.98	.008		154.63		.46
CRITICAL CARE	1	2		406.64		203.32	.000		406.64		.06
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	11	13		564.45		43.42	.002		51.31		.08
EXAMINATIONS	11	13		564.45		43.42	.002		51.31		.08
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	8	23		3,781.89		164.43	.003		472.74		.53
PRINCIPAL SURGEON	6	12		3,375.59		281.30	.002		562.60		.48
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3			406.30		36.94	.002		135.43		.06
OUTPATIENT SURGERY	27	41		2,793.54		68.14	.006		103.46		.40
PRINCIPAL SURGEON	2.4	25		2,379.39		95.18	.004		99.14		.34
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	16		414.15		25.88	.002		138.05		.06
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	24	29		287.40		9.91	.004		11.98		.04
RADIOLOGY	131	158		4,403.49		27.87	.022		33.61		.62
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	· · · · · · · · · · · · · · · · · · ·	3		132.76		44.25	.000		66.38		.02
OTHER SERVICES/ALL X-OVERS	94	219		6,884.37		31.44	.031		73.24		.97
@PHARMACY	1,104	2,722	Ś	153,351.87	Ś	56.34	.385	Ś		Ś	21.69
PRESCRIPTION DRUGS	1,096	2,192	Ψ.	150,499.82	Ψ.	68.66	.310	Ψ	137.32	٧	21.29
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,096	2,192		150,499.82		68.66	.310		137.32		21.29
MEDICAL SUPPLIES	36	530		2,852.05		5.38	.075		79.22		.40
@DENTIST	480	3,058	Ś	82,885.90	Ś	27.10	.433	Ś	172.68	Ś	11.72
VISITS - DIAGNOSTIC	384	2,307	т	34,062.90	Τ.	14.77	.326	Τ.	88.71	т	4.82
ORAL SURGERY	48	111		7,786.50		70.15	.016		162.22		1.10
DRUGS	3	3		75.00		25.00	.000		25.00		.01
ANESTHESTA	2	2		200.00		100.00	.000		100.00		.03
PERIODONTICS	10	10		931.00		93.10	.001		93.10		.13
@DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	25	57		9,794.25		171.83	.008		391.77		1.39
	171	527		27,881.25		52.91	.075		163.05		3.94
PROSTHETICS	1	1		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		25.00		25.00	.000		25.00		.00
SPACE MAINTAINERS	5	5		560.00		112.00	.001		112.00		.08
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	14	19		1,570.00		82.63	.003		112.14		.22
ALL OTHER SERVICES	10	15		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M		EPOR'			DEC		P	AGE 18,094
MOP024	FEE-FOR-SERVICE/DEN			01 111111111 10	010				_ 0 0 1		03/14/05
YOLO COUNTY	SUMMARY OF SERVICES		NO SO	C 03 04 2A 45 4A	4K 41	м 5к 7т 83	2 8E 8W				33/11/03
			0 00		11	310 / - 02					

----- MONTHLY AVERAGE -----7,070 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 43 114 \$ 2,585.25 \$ 22.68 .016 \$ 60.12 \$.37 32 42.77 .005 45.45 .21 DIAGNOSTIC AND ANC. PROCED 1,454.32 EYE APPLIANCES 28 80 1,130.93 14.14 .011 40.39 .16 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .000 .00 .00 0 .00 \$.00 .00 \$.00 @CHIROPRACTOR .000 \$.00 VISITS 0 0 .00 .000 .00 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 48.00 \$ @PODIATRIST 24.00 .000 \$ 24.00 \$.01

MEDICINE/INJECTIONS	2	2	48.00	24.00	.000	24.00	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	263	728	\$ 46,706.38	\$ 64.16	.103	\$ 177.59	\$ 6.61
HOSP INPATIENT TOTAL	9	21	27,658.47	1317.07	.003	3073.16	3.91
HSC HOSPITALS	5	14	20,000.00	1428.57	.002	4000.00	2.83
NON-HSC HOSPITAL TOTAL	4	7	7,658.47	1094.07	.001	1914.62	1.08
ACCOMMODATIONS	4	7	3,565.00	509.29	.001	891.25	.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	7	3,565.00	509.29	.001	891.25	.50
ANCILLARIES	4	0	4,093.47	.00	.000	1023.37	.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	258	707	19,047.91	26.94	.100	73.83	2.69
MEDICAL	29	38	1,470.35	38.69	.005	50.70	.21
SURGERY	11	12	360.38	30.03	.002	32.76	.05
PATHOLOGY	61	225	2,193.66	9.75	.032	35.96	.31
RADIOLOGY	62	80	3,923.13	49.04	.011	63.28	.55
ROOM USE	180	206	7,606.24	36.92	.029	42.26	1.08
CROSSOVERS/ALL OTH OUTPINT	90	146	3,494.15	23.93	.021	38.82	.49
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		TH-OF-PAYMENT REPORT	FOR JAN 20	004 THRU DEC	2004	PAGE 18,095
MOP024	FEE-FOR-SERVICE/DENT						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR MIC - NO SOC (03 04 2A 45 4A 4K 4M	5K 7T 82 8	BE 8W		
7 070 DITCIDIDO				-		HLY AVERAG	
	TICEDC TINTE	C OF CEDITOR	DYDENDIBLE ATTE	T MOOD TOKE		COOM DED	COCH DED

7,070 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COCH DED	-	COST PER
7,070 ELIGIBLES	USEKS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	263	728	\$	46,706.38	\$ 64.16	.103 \$			6.61
COMM HOSP INPATIENT TOTAL	203	21	Ų	27,658.47	1317.07	.003	3073.16	ې	3.91
HSC HOSPITALS	5	14		20,000.00	1428.57	.003	4000.00		2.83
NON-HSC HOSPITALS TOTAL	1	7		7,658.47	1094.07	.002	1914.62		1.08
ACCOMMODATIONS	4	7		3,565.00	509.29	.001	891.25		.50
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	7		3,565.00	509.29	.001	891.25		.50
	4	/							
ANCILLARIES INPATIENT CROSSOVERS	4	0		4,093.47	.00	.000	1023.37		.58
	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	258	707		19,047.91	26.94	.100	73.83		2.69
MEDICAL	29	38		1,470.35	38.69	.005	50.70		.21
SURGERY	11	12		360.38	30.03	.002	32.76		.05
PATHOLOGY	61	225		2,193.66	9.75	.032	35.96		.31
RADIOLOGY	62	80		3,923.13	49.04	.011	63.28		.55
ROOM USE	180	206		7,606.24	36.92	.029	42.26		1.08
CROSSOVERS/ALL OTH OUTPTNT	90	146		3,494.15	23.93	.021	38.82		.49
@STATE HOSPITAL	0	0	\$	62.93	\$.00	.000 \$		\$.01
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		62.93	.00	.000	.00		.01
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	1	1	\$	32.80	\$ 32.80	.000 \$	32.80	\$.00
HOSPITAL BASED	1	1		32.80	32.80	.000	32.80		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	238	587	\$	5,495.02	\$	9.36	.083	\$	23.09	\$.78
PATHOLOGY	238	587		5,495.02		9.36	.083		23.09		.78
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	420	792	\$	33,099.62	\$	41.79	.112	\$	78.81	\$	4.68
CLINIC	287	598		11,743.50		19.64	.085		40.92		1.66
SURGICENTER	3	14		525.40		37.53	.002		175.13		.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	130	180		20,830.72		115.73	.025		160.24		2.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND) EXPENDITUR	ES MO	NTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC 2	004	P	AGE 18,096
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									03/14/05
YOLO COUNTY	SUMMARY OF SERVICES F	OR MIC - N	O SOC	03 04 2A 45 4A	4K 4M	5K 7T 82	8E 8W				
							M	IONTHL	Y AVERA	GE ·	

					MC	ONTHLY AVERA	GE
7,070 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	243	1 , 896 \$	27,392.09	\$ 14.45	.268	\$ 112.72	\$ 3.87
DURABLE MED. EQUIP.	5	12	1,317.77	109.81	.002	263.55	.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	73	1,126.20	15.43	.010	125.13	.16
AMBULANCES/AIR TRANS	9	73	1,126.20	15.43	.010	125.13	.16
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.002	105.00	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	77	168	1,388.46	8.26	.024	18.03	.20
PHYSICAL THERAPIST	2	20	294.15	14.71	.003	147.08	.04
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	68.46	34.23	.000	68.46	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	138	915	11,256.30	12.30	.129	81.57	1.59
EPSDT SUPPLEMENTAL SERVICE	1	350	10,293.50	29.41	.050	10293.50	1.46
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	345	492.25	1.43	.049	246.13	.07
@CALIF. CHILDREN SERVICES*	52	257 \$	33,441.36	\$ 130.12	.036	\$ 643.10	\$ 4.73
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,097
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

1020 0001111	COLUMNIC OF CEICLE	1020 1010 1110 0				0.0			
						MC	NTHLY AVERA	AGE	
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	. UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	55	241	\$ 3,803.58	\$	15.78	48.200	\$ 69.16	\$	760.72
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0			.00	.00			.00	.00
OFFICE VISITS	0	0			.00	.00			.00	.00
HOME VISITS	0	0			.00	.00			.00	.00
EMERGENCY ROOM	0	0			.00	.00			.00	.00
PREVENTIVE CARE	0	0			.00	.00			.00	.00
OB VISITS/COMPRE PERI	0	0			.00	.00			.00	.00
OTHER OUTPATIENT	0	0			.00	.00			.00	.00
INPATIENT VISITS	0	0			.00	.00			.00	.00
HOSPITAL VISITS	0	0			.00	.00			.00	.00
CRITICAL CARE	0	0			.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0			.00	.00			.00	.00
OPHTHALMOLOGICAL SERVICES	0	0			.00	.00			.00	.00
EXAMINATIONS	0	0			.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0			.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0			.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0			.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0			.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0			.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0			.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0			.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0			.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0			.00	.00	.000		.00	.00
DIALYSIS	0	0			.00	.00	.000		.00	.00
PATHOLOGY	0	0			.00	.00	.000		.00	.00
RADIOLOGY	0	0			.00	.00	.000		.00	.00
PSYCHIATRY	0	0			.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0			.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0			.00	.00	.000		.00	.00
@PHARMACY	1	3	\$		308.10CR	\$ 102.70	CR .600	\$	308.10CR\$	61.62CR
PRESCRIPTION DRUGS	1	3			308.10CR	102.70	CR .600		308.10CR	61.62CR
SNF/ICF	0	0			.00	.00	.000		.00	.00
OUTPATIENTS	1	3			308.10CR	102.70	CR .600		308.10CR	61.62CR
MEDICAL SUPPLIES	0	0			.00	.00	.000		.00	.00
@DENTIST	51	233	\$		4,068.00	\$ 17.46	46.600	\$	79.76	813.60
VISITS - DIAGNOSTIC	45	142			538.00	3.79	28.400		11.96	107.60
ORAL SURGERY	8	18			1,467.00	81.50	3.600		183.38	293.40
DRUGS	1	1			.00	.00	.200		.00	.00
ANESTHESIA	0	0			.00	.00			.00	.00
PERIODONTICS	2	2			118.00	59.00	.400		59.00	23.60
ENDODONTICS	3	20			497.00	24.85	4.000		165.67	99.40
RESTORATIVE DENTISTRY	9	44			1,413.00	32.11	8.800		157.00	282.60
PROSTHETICS	0	0			.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0			.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0			.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0			.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0			.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	2	2			35.00	17.50			17.50	7.00
ALL OTHER SERVICES	4	4			.00	.00			.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES :	MONTH-OF	-PAYMENT RE	PORT FOR JA				
	FEE-FOR-SERVICE									03/14/05
	SUMMARY OF SERV		SOC			AID CO	DE 83			
						00		MONT	HLY AVERAGE	·
05 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXI	PENDITURES	AVERAGE CO				COST PER
		OR DAYS OF CA					AY PER ELI		USER	ELIGIBLE
@OPTOMETRIST	0		\$.00				.00 \$	
DIAGNOSTIC AND ANC. PROCED	0	0			.00	.00			.00	.00

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	т	.00	т	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
	0	0							
RADIO./PATHOLOGY	•	-		.00		.00	.000	.00	.00
OTHER	0	0	_	.00	_	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00			.000	.00	.00
	· · · · · · · · · · · · · · · · · · ·					.00			
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
	0	0		.00			.000	.00	.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0				.00			.00
	0	0		.00		.00	.000	.00	
ALL OTHER ACCOM	•	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MONTH-		EPORT				PAGE 18,099
MOP024	FEE-FOR-SERVICE/DENTA					32. 22 20			03/14/05
YOLO COUNTY	SUMMARY OF SERVICES F		OC.			AID CODE 83	3		00,11,00
								ONTHLY AVERAG	E
05 FITCIBLES	HOEDO HINTEO	OF CEDUTCE	т	Z V DEMID T TILDE C	7/ 7/ 77			COOM DED	

		OR DAYS OF CARE			PER U	NIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00

ICF DDN/DDCN	0	0	.00	1	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00)	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	1	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00)	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	1	.00	.000	.00		.00
XO AND OTHERS	0	0	.00	1	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	1	.00	.000	.00		.00
SURGICENTER	0	0	.00	1	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	1	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00	1	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2004 THRU	DEC 2004	PAC	E 18,100
MOP024	FEE-FOR-SERVICE/DENTA	L							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES F	OR MIC - SOC			AID CODE	83			
						M	MONTHLY AVER	AGE	

05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	5 \$	43.68	\$ 8.74	1.000 \$	14.56	\$ 8.74
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.800	16.64	6.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	10.40	10.40	.200	10.40	2.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

							I	TNON	HLY AVERA	GE	
7,075 ELIGIBLES	USERS UNI	TS OF SERVICE]	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	YS	COST PER		COST PER
	OR	DAYS OF CARE			PER	UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,898	11,407 \$	3	404,519.75	\$	35.46	1.612	\$	139.59	\$	57.18
@PHYSICIANS SERVICES	700	1,266 \$	3	49,056.31	\$	38.75	.179	\$	70.08	\$	6.93
OUTPATIENT VISITS	559	722		26,554.64		36.78	.102		47.50		3.75
OFFICE VISITS	434	561		18,914.24		33.72	.079		43.58		2.67
HOME VISITS	1	1		44.95		44.95	.000		44.95		.01
EMERGENCY ROOM	125	130		6,409.81		49.31	.018		51.28		.91
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	3	2		240.96		120.48	.000		80.32		.03
OTHER OUTPATIENT	19	28		944.68		33.74	.004		49.72		.13
INPATIENT VISITS	22	58		3,653.77		63.00	.008		166.08		.52
HOSPITAL VISITS	21	56		3,247.13		57.98	.008		154.63		.46
CRITICAL CARE	1	2		406.64		203.32	.000		406.64		.06
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	11	13		564.45		43.42	.002		51.31		.08
EXAMINATIONS	11	13		564.45		43.42	.002		51.31		.08
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	8	23		3,781.89		164.43	.003		472.74		.53
PRINCIPAL SURGEON	6	12		3,375.59		281.30	.002		562.60		.48
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	11		406.30		36.94	.002		135.43		.06
OUTPATIENT SURGERY	27	41		2,793.54		68.14	.002		103.46		.39
PRINCIPAL SURGEON	24	25		2,733.34		95.18	.004		99.14		.34
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	16		414.15		25.88	.002		138.05		.06
DIALYSIS	0	0		.00		.00	.002		.00		.00
PATHOLOGY	24	29		287.40		9.91	.004		11.98		.04
	131	158		4,403.49		27.87	.022		33.61		.62
RADIOLOGY	0	130				.00					.00
PSYCHIATRY	2	3		.00			.000		.00		.00
IMMUNIZATION AND INJECTION	94	219		132.76 6,884.37		44.25	.000		66.38		.02
OTHER SERVICES/ALL X-OVERS	1 , 105		,			31.44	.031	ć	73.24	<u>_</u>	
@PHARMACY	1,105	2,725 \$)	153,043.77		56.16	.385	Þ	138.50 136.91	Þ	21.63
PRESCRIPTION DRUGS	•	2,195		150,191.72		68.42	.310				21.23
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,097	2,195		150,191.72		68.42	.310		136.91		21.23
MEDICAL SUPPLIES	36	530	,	2,852.05		5.38	.075	<u>^</u>	79.22	<u>^</u>	.40
@DENTIST	531	3,291 \$)	86,953.90		26.42	.465	\$	163.75	Ş	12.29
VISITS - DIAGNOSTIC	429	2,449		34,600.90		14.13	.346		80.65		4.89
ORAL SURGERY	56	129		9,253.50		71.73	.018		165.24		1.31
DRUGS	4	4		75.00		18.75	.001		18.75		.01
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.03
PERIODONTICS	12	12		1,049.00		87.42	.002		87.42		.15
ENDODONTICS	28	77		10,291.25		133.65	.011		367.54		1.45
RESTORATIVE DENTISTRY	180	571		29,294.25		51.30	.081		162.75		4.14
PROSTHETICS	1	1		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1_	1_		25.00		25.00	.000		25.00		.00
SPACE MAINTAINERS	5	5		560.00		112.00	.001		112.00		.08
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	16	21		1,605.00		76.43	.003		100.31		.23
ALL OTHER SERVICES	14	19		.00		.00	.003		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		MONTH-	-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	Р	AGE 18,102
MOP024	FEE-FOR-SERVICE/DEN	ΓAL									03/14/05

							M	ONT	HLY AVERA	GE	
7,075 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	43	114 \$	3	2,585.25	\$	22.68	.016	\$	60.12	\$.37
DIAGNOSTIC AND ANC. PROCED	32	34		1,454.32		42.77	.005		45.45		.21
EYE APPLIANCES	28	80		1,130.93		14.14	.011		40.39		.16
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	2 \$	3	48.00	\$	24.00	.000	\$	24.00	\$.01
MEDICINE/INJECTIONS	2	2		48.00		24.00	.000		24.00		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 \$	3	.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	263	728		46,706.38	Š	64.16		\$	177.59	\$	6.60
HOSP INPATIENT TOTAL	9	21	•	27,658.47	- T	1317.07	.003	-T	3073.16	т.	3.91
HSC HOSPITALS	5	14		20,000.00		1428.57	.002		4000.00		2.83
NON-HSC HOSPITAL TOTAL	4	7		7,658.47		1094.07	.001		1914.62		1.08
ACCOMMODATIONS	Δ	7		3,565.00		509.29	.001		891.25		.50
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	7		3,565.00		509.29	.001		891.25		.50
ANCILLARIES	Α	0		4,093.47		.00	.000		1023.37		.58
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	258	707		19,047.91		26.94	.100		73.83		2.69
MEDICAL	29	38		1,470.35		38.69	.005		50.70		.21
SURGERY	11	12		360.38		30.03	.002		32.76		.05
PATHOLOGY	61	225		2,193.66		9.75	.032		35.96		.31
RADIOLOGY	62	80		3,923.13		49.04	.011		63.28		.55
ROOM USE	180	206		7,606.24		36.92	.029		42.26		1.08
	90	146		3,494.15		23.93	.029		38.82		
CROSSOVERS/ALL OTH OUTPINT	0	0 \$,	•	\$.00	.000	ċ	.00	\$.49
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	0	0	?	.00	Ą	.00	.000	Ą	.00	Ş	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	· · · · · · · · · · · · · · · · · · ·		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	•		.00		.00	.000		.00		.00
ANCILLARIES	· ·	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

YOLO COUNTY	SUMMARY OF SERVICES	OR MEDICALLY	INDIGENT - CHILDREI	N - TOTAL			~=
					MON'		
7,075 ELIGIBLES		S OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	263	728 \$	46,706.38	\$ 64.16	.103 \$		·
COMM HOSP INPATIENT TOTAL	9	21	27,658.47	1317.07	.003	3073.16	3.91
HSC HOSPITALS	5	14	20,000.00	1428.57	.002	4000.00	2.83
NON-HSC HOSPITALS TOTAL	4	7	7,658.47	1094.07	.001	1914.62	1.08
ACCOMMODATIONS	4	7	3 , 565.00	509.29	.001	891.25	.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	7	3,565.00	509.29	.001	891.25	.50
ANCILLARIES	4	0	4,093.47	.00	.000	1023.37	.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	258	707	19,047.91	26.94	.100	73.83	2.69
MEDICAL	29	38	1,470.35	38.69	.005	50.70	.21
SURGERY	11	12	360.38	30.03	.002	32.76	.05
PATHOLOGY	61	225	2,193.66	9.75	.032	35.96	.31
RADIOLOGY	62	80	3,923.13	49.04	.011	63.28	.55
ROOM USE	180	206	7,606.24	36.92	.029	42.26	1.08
CROSSOVERS/ALL OTH OUTPTNT		146	3,494.15	23.93	.029	38.82	.49
	0	0 \$		\$.00	.000 \$.00	\$.01
@STATE HOSPITAL	0	0 5	62.93	•		.00	·
MENTALLY ILL	_		.00	.00	.000		.00
DEVELOP. DISABLED	0	0	62.93	.00	.000	.00	.01
@NURSING FACILITY	<u> </u>	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1 \$	32.80	\$ 32.80	.000 \$	32.80	\$.00
HOSPITAL BASED	1	1	32.80	32.80	.000	32.80	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	238	587 \$	5,495.02	\$ 9.36	.083 \$	23.09	\$.78
PATHOLOGY	238	587	5,495.02	9.36	.083	23.09	.78
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	420	792 \$	33,099.62	\$ 41.79	.112 \$		\$ 4.68
CLINIC CLINIC	287	598	11,743.50	19.64	.085	40.92	1.66
SURGICENTER	3	14	525.40	37.53	.002	175.13	.07
	0	0	.00	.00		.00	.00
HEROIN DETOX CLINIC					.000		
RURAL HEALTH CLINIC	130	180	20,830.72	115.73	.025	160.24	2.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT RE	LPORT FOR JAN 2	CUU4 THRU DE	L 2004	PAGE 18,104
MOP024	FEE-FOR-SERVICE/DENTA		TNDTORNE CULTURE	T MOM7.			03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	OK MEDICALLY	INDIGENT - CHILDREN	N - TOTAL			

7,075 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	246	1,901	\$ 27,435.77	\$ 14.43	.269	\$ 111.53	\$ 3.88
DURABLE MED. EQUIP.	5	12	1,317.77	109.81	.002	263.55	.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	73	1,126.20	15.43	.010	125.13	.16
AMBULANCES/AIR TRANS	9	73	1,126.20	15.43	.010	125.13	.16
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.002	105.00	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	79	172	1,421.74	8.27	.024	18.00	.20
PHYSICAL THERAPIST	2	20	294.15	14.71	.003	147.08	.04
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	68.46	34.23	.000	68.46	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	139	916	11,266.70	12.30	.129	81.06	1.59
EPSDT SUPPLEMENTAL SERVICE	1	350	10,293.50	29.41	.049	10293.50	1.45
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	345	492.25	1.43	.049	246.13	.07
@CALIF. CHILDREN SERVICES*	52	257	\$ 33,441.36	\$ 130.12	.036	\$ 643.10	\$ 4.73

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,105 FEE-FOR-SERVICE/DENTAL MOP024

03/14/05

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81 YOLO COUNTY

DO SLICTBLES						MONT	THLY AVERAC	E
## STOTAL ALL PROVIDERS 0	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
PPHYSICIANS SERVICES			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
OUTPATIENT VISITS	@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
OFFICE VISITS 0 0 0 0 00 000 000 000 00 00 000 000	@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
BOME VISITS 0	OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	OFFICE VISITS	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	HOME VISITS	0	0	.00	.00	.000	.00	.00
OB VISIS/COMPRE PERI 0 0 0 0 0 00 00 00 00 00 00 00 100 100	EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
OTHER OUTPAITINT O O O O O O O O O O O O O O O O O O O	PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
CRITICAL CARE ON O	INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
SNF/ICE/TRANS IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES O	CRITICAL CARE	0	0	.00	.00	.000	.00	.00
EXAMINATIONS SERVICES AND MATERIALS O O O O O O O O O O O O O	SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY 0	EXAMINATIONS	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON ANESTHESIOLOGIST O O O O O O O O O O O O O O O O O O O	INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON 0 0 .00 <	ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON ANESTHESIOLOGIST O O O O O O O O O O O O O O O O O O O	OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
DIALYSIS	ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
RADIOLOGY PSYCHIATRY O O O O O O O O O O O O O O O O O O O	DIALYSIS	0	0	.00	.00	.000	.00	.00
PSYCHIATRY 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	PATHOLOGY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION O O O O O O O O O	RADIOLOGY	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS 0 0 .00	PSYCHIATRY	0	0	.00	.00	.000	.00	.00
@PHARMACY 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <t< td=""><td>IMMUNIZATION AND INJECTION</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></t<>	IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
PRESCRIPTION DRUGS 0 0 .00	OTHER SERVICES/ALL X-OVERS	0	0		.00	.000		.00
SNF/ICF 0 0 .00 <td>@PHARMACY</td> <td>0</td> <td>0 \$</td> <td></td> <td></td> <td>·</td> <td></td> <td></td>	@PHARMACY	0	0 \$			·		
OUTPATIENTS 0 0 .00 .00 .00 .00 .00 MEDICAL SUPPLIES 0 0 .00 .00 .00 .00 .00 .00 @DENTIST 0 0 \$.00 \$.00 .00 .00 \$.00 VISITS - DIAGNOSTIC 0 0 .00	PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00 .00 .00 @DENTIST 0 0 \$.00 \$.00 .00 .00 \$.00 VISITS - DIAGNOSTIC 0 0 .00		0	· ·					
@DENTIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <		0	· ·					
VISITS - DIAGNOSTIC 0 0 .00		0	-					
ORAL SURGERY 0 0 .00	@DENTIST	0	0 \$			·		
DRUGS 0 0 .00	VISITS - DIAGNOSTIC	0	0		.00	.000		.00
ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
PERIODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
ENDODONTICS 0 0 .00	ANESTHESIA	0	0					
RESTORATIVE DENTISTRY 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
PROSTHETICS 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00 .00		0	0					
DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00		0	0					
, and the state of		0	0					
SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00		0	0					
	SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

0 MAXILLOFACIAL SERVICES .00 .00 .000 .00 .00 0 0 FRACTURES, DISLOCATIONS .00 .00 .000 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 .00 0 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 18,106 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

YOLO COUNTY	SUMMARY OF SERV	ICES FOR	MIA - N	10 500	- AID PAID PENDI	LNG	AID CODE		חדתר	HIT V ATTENA	C E	
OO BLICIDIES	HOEDO	IINITEC OF	CEDITOR	,	EXPENDIBLE	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	DACE COOM	MC			GĽ	
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	>	COST PER		COST PER
0.0000000000000000000000000000000000000	0	OR DAYS	OF CARE		0.0			PER ELIG	<u>^</u>	USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00		\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		Ö		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		Ō	Ś	.00	Ś	.00		Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		Ö	т.	.00	т.	.00	.000	т.	.00	4	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
WHT OTHER INCRITERI	U		U		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	IONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 18,107
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SC	C - AID PAID PENDING	AID CODE	81		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 .00 .00 .000 \$.00 \$.00 .00 COMM HOSP INPATIENT TOTAL 0 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 .00 .00 SURGERY .00 .000 .00 .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPINT .00 .00 .000 .00 .00 0 @STATE HOSPITAL .00 .00 .000 \$.00 \$.00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .000 \$.00 \$.00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-REGULAR .00 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00 ICF DDH 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 ICF DD ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .000 \$ @HEMODIALYSIS TOTAL .00 .00 .00 \$. 00 .00 .00 .000 .00 HOSPITAL BASED 0 .00 .00 .000 .00 .00 HEMODIALYSIS CENTER 0 .00 .00 .000 \$.00 \$ @REHABILITATION FACILITY . 00 .00 .00 .00 .000 .00 HOSPITAL BASED INDEPENDENT FACILITY .00 .00 .000 .00 .00 .00 .00 .000 \$.00 \$. 00 **@LABORATORY FACILITY** .00 .00 .00 .00 PATHOLOGY .000 0 XO AND OTHERS .00 .00 .000 .00 .00 0 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 \$.00 CLINIC .00 .00 .000 .00 .00

.00 .00 SURGICENTER 0 0 .00 .000 .00 .00 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 RURAL HEALTH CLINIC 0 Ω .000 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,108

03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

FEE-FOR-SERVICE/DENTAL

							M	ONT	HLY AVERA	GE
00 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	.00
BLOOD BANK	0	0		.00		.00	.000		.00	.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	.00
OTHER TRANS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
ACUPUNCTURE	0	0		.00		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	.00
OPTICIAN	0	0		.00		.00	.000		.00	.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00	.00
PROSTHETICS	0	0		.00		.00	.000		.00	.00
ORTHOTICS	0	0		.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN A	AS A SEPARAT	E INFORMATION I	TEM ONL	Υ;						

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,109 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 88 198 \$ 9,096.96 \$ 45.94 .000 \$ 103.37 \$.00 Ś 13.53 \$ 13.53 .000 \$ 13.53 \$.00 @PHYSICIANS SERVICES 1 0 .00 .00 .00 OUTPATIENT VISITS 0 .000 .00 .00 Ω Ω .00 .000 .00 .00 OFFICE VISITS .00 .00 .00 .00 .000 .00 HOME VISITS 0 0 .00 .00 EMERGENCY ROOM .000 .00 0 0 .00 .00 PREVENTIVE CARE .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	1	1	13.53	13.53	.000	13.53	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	
@PHARMACY	0	1	\$ 72.04CR \$	72.04CR	.000	•	\$.00	
PRESCRIPTION DRUGS	0	1	72.04CR	72.04CR	.000	.00	.00	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	0	1	72.04CR	72.04CR	.000	.00	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	33	120	\$ 4,327.00 \$	36.06		\$ 131.12	•	
VISITS - DIAGNOSTIC	22	71	1,235.00	17.39	.000	56.14	.00	
ORAL SURGERY	3	7	253.00	36.14	.000	84.33	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	

PERIODONTICS	2	2		236.00	118	3.00	.000		118.00		.00
ENDODONTICS	3	3		648.00		5.00	.000		216.00		.00
RESTORATIVE DENTISTRY	14	36		1,955.00		1.31	.000		139.64		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES MO	NTH-OF-PAYMENT F	REPORT FOR	R JAN	2004 THRU	DEC	2004	P.	AGE 18,110
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERVI	CES FOR MIA - N	10 SOC	C - PREGNANT	AII	CODE	86				
							M	ONT	HLY AVERA	GE ·	
00 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE	COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE	2		PER UNI	T/DAY			USER	J	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	16	17	Ş	716.45	\$ 42	2.14	.000	Ş	44.78	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0					.000		.00		.00
HOSP OUTPATIENT TOTAL	16	17		.00 716.45	Л	.00	.000		44.78		.00
MEDICAL	0	1 /		.00	42	.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00

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SURGERY

PATHOLOGY

RADIOLOGY

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ROOM USE

ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPE	ENDITUR	ES MOI	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU D	EC 2004		PAGE 18,111
MOP024	FEE-FOR-SERVICE										03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR M	MIA - N	o soc	- PREGNANT		AID CODE	86			
								MO	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS C	F CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16		17	\$	716.45	\$	42.14	.000	\$ 44.78	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		Ö		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		Ō		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	16		17		716.45		42.14	.000	44.78		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	16		17		716.45		42.14	.000	44.78		.00
@STATE HOSPITAL	0		0	\$.00	\$.00			\$	
MENTALLY ILL	0		0	т	.00	т	.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	0		0	\$.00	Ś	.00			\$	
LEV A-INTERMEDIATE	0		0	Y	.00	Υ	.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B SOBACOTE HISTIL BASED LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	0		0		.00		.00	.000	.00		.00
AVIODAVI O AUT	U		0		.00		.00	.000	.00		.00

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@INTERMEDIATE CARE FACIL.-DD

ICF DDH

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DD

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INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0	0	Ψ	.00	۲	.00	.000	۲	.00	۲	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	16	Ś	944.00	Ś	59.00	.000	Ś	134.86	Ś	.00
CLINIC	,	0	Y	.00	٧	.00	.000	٧	.00	٧	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	16		944.00		59.00	.000		134.86		.00
#CALIF DEPT OF HEALTH SERV	,	CES AND EXPENDITURE	'S MO		₽D∩D™			DEC		D7	AGE 18,112
MOP024	FEE-FOR-SERVICE		15 140	NIII OF FAIMENT N	EF OKI	FOR UAN 2	2004 11110	DEC	2004	I I	03/14/05
YOLO COUNTY		JICES FOR MIA - NO	900	- DDECNAME		AID CODE	9.6				03/14/03
IOLO COUNTI	SUMMANI OF SEK	VICES FOR MIA - NO	300	- FREGNANI		AID CODE	M	Омппп	TV 7/17/07	CF -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/2	DACE COST	UNITS/DAY		OST PER		COST PER
00 EDIGIBLES	OSERS	OR DAYS OF CARE		EXFENDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	35	43	Ś	3,168.02	S S	73.67	.000		90.51		.00
DURABLE MED. EQUIP.	0	0	Ÿ	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000				
HEARING AID DISPENSERS	0	0				.00			.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	_		.00		.00	.000		.00		.00
OTHER TRANS	U	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	U	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	29	29		3,045.00		105.00	.000		105.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	-/	14		123.02		8.79	.000		17.57		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORMATION II	EM O	NLY;							
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE AF	PPROPRIATE DETAIL I	INES	ABOVE.							

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,113 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

							MO	NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	88	198	\$	9,096.96	\$	45.94	.000	\$ 103.37	\$.00
@PHYSICIANS SERVICES	1	1	Ś	13.53	Ś	13.53	. 000	\$ 13.53	Ś	. 0.0

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	1	1		13.53	13.53	.000	13.53		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	1	\$	72.04CR				\$.00
PRESCRIPTION DRUGS	0	1	т	72.04CR		.000	.00	т	.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	1		72.04CR		.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	33	120	\$	4,327.00	\$ 36.06		\$ 131.12	Ś	.00
VISITS - DIAGNOSTIC	22	71	т	1,235.00	17.39	.000	56.14	т	.00
ORAL SURGERY	3	7		253.00	36.14	.000	84.33		.00
DRUGS	0	Ó		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	2	2		236.00	118.00	.000	118.00		.00
ENDODONTICS	3	3		648.00	216.00	.000	216.00		.00
RESTORATIVE DENTISTRY	14	36		1,955.00	54.31	.000	139.64		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000			.00
ALL OTHER SERVICES	1	1		.00	.00	.000			.00
#CALIF DEPT OF HEALTH SERV			FS MON				FC 2004	DΔ(GE 18,114
MOP024	FEE-FOR-SERVICE		LIO PIOIN	III OF TATMENT NE	TORT FOR OAN 2	OO4 IIIKO L	2004	LA	03/14/05
YOLO COUNTY		ICES FOR MIA - N	0 800	_ TOTAT					03/14/03
IOLO COONTI	SUMMARI OF SERV.	ICES FOR MIA - N	0 300	- IOIAL		MC	NTHLY AVERA	CF	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES					OST PER
AA EHIGIDHES	CAECO	OR DAYS OF CARE		PVLEMDIIOVEQ	PER UNIT/DAY		USER		LIGIBLE
@OPTOMETRIST	0		\$.00		.000			.00
DIAGNOSTIC AND ANC. PROCED	0	0	Y	.00	.00	.000	.00	ų	.00
DIAGNOSTIC AND ANC. PROCED	U	U		.00	.00	.000	.00		.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	16	17	\$ 716.45	\$ 42.14	.000	\$ 44.78	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	16	17	716.45	42.14	.000	44.78	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	16	17	716.45	42.14	.000	44.78	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 18,115
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FO	OR MIA - NO	SOC - TOTAL				

----- MONTHLY AVERAGE -----

OO BLICTDIES	HOEDO	INITES OF SERVICE	,	EXPENDIBLE	ATTEDACE COC		S COST PE	D 1010D	COCH DED
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ST UNITS/DAY AY PER ELIG		K	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	17	\$	716.45	\$ 42.14	.000		0 6	
•	1.0		Ą				•		
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.0		.00
HSC HOSPITALS	0	U		.00	.00	.000	.0		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.0		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.0		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.0		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.0		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.0		.00
ANCILLARIES	0	0		.00	.00	.000	.0	0	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.0	0	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.0	0	.00
COMM HOSP OUTPATIENT TOTAL	16	17		716.45	42.14	.000	44.7	8	.00
MEDICAL	0	0		.00	.00	.000	.0	0	.00
SURGERY	0	0		.00	.00	.000	.0	0	.00
PATHOLOGY	0	0		.00	.00	.000	.0	0	.00
RADIOLOGY	0	0		.00	.00	.000	.0	0	.00
ROOM USE	0	0		.00	.00	.000	.0	0	.00
CROSSOVERS/ALL OTH OUTPINT	16	17		716.45	42.14	.000	44.7	8	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.0		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.0		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		0 \$	
LEV A-INTERMEDIATE	0	0	'	.00	.00	.000	.0		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.0		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.0		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.0		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.0		.00
LEV B-REGULAR	0	0		.00	.00	.000	.0		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		0 \$	
ICF DDH	0	0	Y	.00	.00	.000	.0		.00
ICF DDH ICF DD	0	0		.00	.00	.000			.00
ICE DD	U	U		.00	.00	.000	.0	U	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	16	\$	944.00	\$	59.00	.000	\$	134.86	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	16		944.00		59.00	.000		134.86		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES M	ONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	PAG	E 18,116
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	MIA -	NO SO	C - TOTAL							

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	35	43 \$	3,168.02	\$ 73.67	.000 \$	90.51	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	29	29	3,045.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	14	123.02	8.79	.000	17.57	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

YOLO COUNTY	SUMMARY OF SER	/ICES FOR MIA - SOC - 1	LTC	AID CODE	53		
					MON'	THLY AVERAC	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	3 \$	538.84	\$ 179.61	3.000 \$		\$ 538.84
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON ASSISTANT SURGEON	0	0	.00		.000	.00	.00
	0	0		.00			.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	<u>~</u>	.00	.00	.000	.00	.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	U	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	3 \$	538.84	\$ 179.61	3.000 \$	538.84	•
PRESCRIPTION DRUGS	1	3	538.84	179.61	3.000	538.84	538.84
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	3	538.84	179.61	3.000	538.84	538.84
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES MON					PAGE 18,118
MODO24	FFF-FOR-SERVICE			TION ION OAN A	-001 TIINO DEN	200 I	02/11/05

YOLO COUNTY	SUMMARY OF SER	VICES FOR M	IA - S	SOC -	LTC		AID CODE	53			
									TNC	HLY AVERAGE	
01 ELIGIBLES	USERS	UNITS OF SI	ERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER	COST PER
		OR DAYS O				PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00	.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	.00
VISITS	0		0		.00		.00	.000		.00	.00
OTHER SERVICES	0		0		.00		.00	.000		.00	.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00	.00
OTHER	0		0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	.00
ANCILLARIES	0		0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00	.00
MEDICAL	0		0		.00		.00	.000		.00	.00
SURGERY	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
ROOM USE	0		0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	0		0	\$.00	Ś	.00		\$.00	
CO HOSPITAL INPATIENT TOTAL	0		0	ې	.00	Ą	.00	.000	ې	.00	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	.00
ANCILLARIES	0		0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0		Ö		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00	.00
MEDICAL	0		Ö		.00		.00	.000		.00	.00
SURGERY	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		Ö		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
ROOM USE	0		0		.00		.00	.000		.00	.00

FEE-FOR-SERVICES AND EXPENDITORES MONTH OF PAIMENT REPORT FOR GAN 2004 THRO

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC

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LEV B-REHAB MD

LEV B-SUBACUTE FREESTANDING

1101 024	THE FOR DERVIC	D/ DUNIAL								03/14/03
YOLO COUNTY	SUMMARY OF SER	VICES FOR MIA -	SOC -	LTC		AID CODE	53			
							MON	ITHLY AVERA	GE ·	
01 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITUR	ES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	RE			PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$		00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0			00	.00	.000	.00		.00
HSC HOSPITALS	0	0			00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0			00	.00	.000	.00		.00
ACCOMMODATIONS	0	0			00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0			00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0			00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0			00	.00	.000	.00		.00
ANCILLARIES	0	0			00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0			00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0			00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0			00	.00	.000	.00		.00
MEDICAL	0	0			00	.00	.000	.00		.00
SURGERY	0	0			00	.00	.000	.00		.00
PATHOLOGY	0	0			00	.00	.000	.00		.00
RADIOLOGY	0	0			00	.00	.000	.00		.00
ROOM USE	0	0			00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$		00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0			00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0			00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$		00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0			00	.00	.000	.00		.00

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LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-OF	-PAYMENT RE	EPORT	FOR JAN 2004	THRU	DEC 2	2004	PAC	GE 18,120
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	MIA - SO	C - LTC			AID CODE 53					

----- MONTHLY AVERAGE -----01 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .000 \$.00 \$ \$.00 .00 0 .00 DURABLE MED. EQUIP. 0 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING .000 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 0 .00 ALL OTHER PROVIDERS .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 .00 .000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,121

MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

IOLO COUNTI	SUMMARI OF SER	/ICES FOR MIA - SOC .	- PREGNANI	AID CODE			C.T.
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT	HLY AVERA COST PER	COST PER
00 EDIGIBLES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	1 \$	43.11	\$ 43.11	.000 \$	43.11	
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	Ō	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

.00 MAXILLOFACIAL SERVICES 0 0 .00 .000 .00 .00 0 0 FRACTURES, DISLOCATIONS .00 .00 .000 .00 .00 0 .00 .00 ORTHODONTIC SERVICES 0 .00 .000 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,122

03/14/05

FEE-FOR-SERVICE/DENTAL YOLO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

MOP024

YOLO COUNTY	SUMMARY OF SER	VICES FOR MIA	- SOC -	- PREGNANT	AID CODE					
						Mo			GΕ	
00 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES		UNITS/DAY:	S			COST PER
		OR DAYS OF (UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	(.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	()	.00	.00	.000		.00		.00
EYE APPLIANCES	0	()	.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	(-	.00	.00	.000		.00		.00
@CHIROPRACTOR	0	() \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	()	.00	.00	.000		.00		.00
OTHER SERVICES	0	()	.00	.00	.000		.00		.00
@PODIATRIST	0	() \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	()	.00	.00	.000		.00		.00
SURGERY/ANES.	0	()	.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	()	.00	.00	.000		.00		.00
OTHER	0	()	.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0	() \$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	() \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	() \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	() \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	() \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1	L \$	43.11	\$ 43.11	.000	\$	43.11	\$.00
HOSP INPATIENT TOTAL	0	()	.00	.00	.000		.00		.00
HSC HOSPITALS	0	()	.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	()	.00	.00	.000		.00		.00
ACCOMMODATIONS	0	()	.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	()	.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	()	.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	()	.00	.00	.000		.00		.00
ANCILLARIES	0	()	.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	()	.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	()	.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	1	L	43.11	43.11	.000		43.11		.00
MEDICAL	0	()	.00	.00	.000		.00		.00
SURGERY	0	()	.00	.00	.000		.00		.00
PATHOLOGY	0	()	.00	.00	.000		.00		.00
RADIOLOGY	0	()	.00	.00	.000		.00		.00
ROOM USE	0	()	.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	Ĺ	43.11	43.11	.000		43.11		.00
@COUNTY HOSPITAL TOTAL	0	() \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	(.00	.00	.000		.00		.00
HSC HOSPITALS	0	()	.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	(.00	.00	.000		.00		.00
ACCOMMODATIONS	0	()	.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	()	.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	(.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	(-	.00	.00	.000		.00		.00
ANCILLARIES	0	(.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	(-	.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	(-	.00	.00	.000		.00		.00
011111 11111	9		-	• 0 0	• • •	• 0 0 0		• 0 0		• 0 0

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 18,123
MOP024	FEE-FOR-SERVICE/DENTAL	ı					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FO	OR MIA - SOC	- PREGNANT	AID CODE	87		

YOLO COUNTY	SUMMARY OF SER	VICES FOR MIA - SOC -	PREGNANT	AID CODE	87		
					MON	THLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1 \$	43.11	\$ 43.11	.000 \$	43.11	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	1	1					
COMM HOSP OUTPATIENT TOTAL	1	1	43.11	43.11	.000	43.11	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	43.11	43.11	.000	43.11	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000		\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000		\$.00
CLINIC CLINIC	0	0 9	.00	.00	.000	.00	.00
CTIMIC	U	U	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES I	MONTH-OF-PAYMENT REPORT	FOR JAN 20	004 THRU DEC	2004	PAGE 18,124
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC ·	- PREGNANT	AID CODE 8	37		

1020 0001111	001111111111111111111111111111111111111	. = 0 = 0 = 0 = 0 = 0 = 0		1110 0000	0 /		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,125
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

							M	ONT	HLY AVERA	GE	
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST			COST PER	-	COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2	4	\$	581.95	\$	145.49	4.000	\$	290.98	\$	581.95
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	3	\$	538.84	\$	179.61	3.000	\$	538.84	\$	538.84
PRESCRIPTION DRUGS	1	3		538.84		179.61	3.000		538.84		538.84
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	ĺ	3		538.84		179.61	3.000		538.84		538.84
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	•	.00		.00	.000	•	.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DI	EC 2004	PAGE 18,126
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES E	FOR MIA - SOC	- TOTAL				

----- MONTHLY AVERAGE -----01 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY USER OR DAYS OF CARE PER ELIG ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .000 \$ @CHIROPRACTOR 0 \$.00 \$.00 .00 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 @PODIATRIST .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .00 .000 .00 OTHER 0 .00 .00 .00 .00 .000 0 .00 @HOME HEALTH AGENCY .00 .00 .000 \$.00 0 NURSE ANESTHESIST .00 .00 .000 .00 \$.00 0 .00 NURSE MIDWIFE .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 @TOTAL HOSPITAL 43.11 43.11 1.000 43.11 43.11 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 0 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM 0 ANCILLARIES .00 .00 .000 .00 .00 0 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 43.11 43.11 HOSP OUTPATIENT TOTAL 43.11 1.000 43.11 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 0 .00 .00 PATHOLOGY .00 .000 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 0 .00 .00 ROOM USE .00 .000 .00 43.11 43.11 1.000 CROSSOVERS/ALL OTH OUTPTNT 43.11 43.11 @COUNTY HOSPITAL TOTAL .00 .00 .000 Ś .00 \$. 00 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 HSC HOSPITALS .00 .000 .00 0 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU	DEC 2004	PAGE 18,127
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

YOLO COUNTY	SUMMARY OF SER	VICES FOR MIA - S	OC -	TOTAL					~-	
01						M(
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			OST PER		COST PER
0.0000000000000000000000000000000000000	1	OR DAYS OF CARE	<u> </u>	42 11	PER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$	43.11	\$ 43.11	1.000	Ş	43.11	\$	43.11
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	U		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	U		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	U		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	1		43.11	43.11	1.000		43.11		43.11
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNI	1	1		43.11	43.11	1.000		43.11		43.11
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	9	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00)	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00) \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00)	.00	.000	.00	.00
XO AND OTHERS	0	0	.00)	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00) \$.00	.000	\$.00	\$.00
CLINIC	0	0	.00)	.00	.000	.00	.00
SURGICENTER	0	0	.00)	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00)	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00)	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2004 THRU	DEC 2004	PAGE 18,128
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	R MIA - SOC	- TOTAL					
						M	ONTHLY AVERA	GE

					MON 1	TLI AVERAGE	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,129
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

						MC	NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA(GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UI	VIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00		.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000	.00	.00
ORAL SURGERY	0	0	.00		.00	.000	.00	.00
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00
PERIODONTICS	0	0	.00		.00	.000	.00	.00
ENDODONTICS	0	0	.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT	REPORT FOR	JAN 2004	THRU	DEC 2004	PAGE 18,130
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	FOR FUTUR	E USE					
						M	ONTHLY AVERAC	F

							Mo	TNO	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE C	OST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	3		PER UNIT/	DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.0	С	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.0	С	.000		.00		.00
EYE APPLIANCES	0	0		.00	.0	C	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.0	C	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.0	C	.000	\$.00	\$.00
VISITS	0	0		.00	.0	C	.000		.00		.00
OTHER SERVICES	0	0		.00	.0	C	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.0	С	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.0	C	.000		.00		.00
SURGERY/ANES.	0	0		.00	.0	С	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.0	С	.000		.00		.00
OTHER	0	0		.00	.0	C	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.0	С	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.0	C	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.0	С	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.0	C	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.0	С	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.0	C	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.0	C	.000		.00		.00
HSC HOSPITALS	0	0		.00	.0	C	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.0	C	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.0	C	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.0	С	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.0		.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.0	С	.000		.00		.00
ANCILLARIES	0	0		.00	.0	C	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.0	C	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.0	С	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.0	C	.000		.00		.00
MEDICAL	0	0		.00	.0	С	.000		.00		.00
SURGERY	0	0		.00	.0	C	.000		.00		.00
PATHOLOGY	0	0		.00	.0	Э	.000		.00		.00
RADIOLOGY	0	0		.00	.0		.000		.00		.00
ROOM USE	0	0		.00	.0	C	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 20	004 THRU I	DEC 2004	PAGE 18,131
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	FOR FUTURE	E USE					
					-	MC	ONTHLY AVERAG	E

					MON'	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00)	.00	.000		.00		.00
@LABORATORY FACILITY	0	0 \$.00) \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00)	.00	.000		.00		.00
XO AND OTHERS	0	0	.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00) \$.00	.000	\$.00	\$.00
CLINIC	0	0	.00)	.00	.000		.00		.00
SURGICENTER	0	0	.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0	.00)	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC 20	04	PAGE	18,132
MOP024	FEE-FOR-SERVICE/DENTAL								0	3/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	FOR FUTUR	E USE							

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 OPTICIAN .00 .000 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 PROSTHETICS .00 .000 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 PSYCHOLOGIST .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .00 .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS Ω .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 .00 \$.00 .000 \$.00 @XOVER EXCLUDING STATE HOSP** 0 \$.00 .000 \$.00 \$.00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

					MONT	THLY AVERAG	E
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	90	202 \$	9,678.91	\$ 47.92	202.000 \$	107.54	\$ 9678.91
@PHYSICIANS SERVICES	1	1 \$	13.53	\$ 13.53	1.000 \$	13.53	\$ 13.53
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	Ō	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	13.53	13.53	1.000	13.53	13.53
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	4 \$		\$ 116.70	4.000 \$		\$ 466.80
PRESCRIPTION DRUGS	1	4	466.80	116.70	4.000	466.80	466.80
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	4	466.80	116.70	4.000	466.80	466.80
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	33	120 \$	4,327.00	\$ 36.06	120.000 \$		\$ 4327.00
VISITS - DIAGNOSTIC	22	71	1,235.00	17.39	71.000	56.14	1235.00
ORAL SURGERY	3	7	253.00	36.14	7.000	84.33	253.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	236.00	118.00	2.000	118.00	236.00
ENDODONTICS	3	3	648.00	216.00	3.000	216.00	648.00
RESTORATIVE DENTISTRY	14	36	1,955.00	54.31	36.000	139.64	1955.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	1.000	.00	.00
#CALIF DEPT OF HEALTH SERV	_	CES AND EXPENDITURES					PAGE 18,134
MODOSA	MEDI-CAL SERVIC		FIGHTII OF EATHERT K	TIONI FOR OAN 2	TOOT THEO DEC	2004	02/11/05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

TODO COUNTI	SOMMAN OF SERV	TCED FOR	ипртский.	I INDIGI	INI ADODIS	101						
										HLY AVERA	GE.	
01 ELIGIBLES	USERS	UNITS OF	SERVICE	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0 :	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0 :	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0 :	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0 :	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0 :	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0 :	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 :	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0 :	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	17		18	\$	759.56	\$	42.20	18.000	\$	44.68	\$	759.56
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	17	18	759.56	42.20	18.000	44.68	759.56
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	17	18	759.56	42.20	18.000	44.68	759.56
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	1 2004 THRU	DEC 2004	PAGE 18,135
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	MEDICALLY	INDIGENT - ADULTS	- TOTAL			
					τ. σ	ONTHIV AUTON	~ F

----- MONTHLY AVERAGE -----USERS EXPENDITURES 01 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 17 18 \$ 759.56 \$ 42.20 18.000 \$ 44.68 \$ 759.56 .00 COMM HOSP INPATIENT TOTAL 0 0 .00 .000 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL ACCOMMODATIONS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS 0 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 .00 INPATIENT CROSSOVERS .000 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 18.000 COMM HOSP OUTPATIENT TOTAL 17 18 759.56 42.20 44.68 759.56 .00 MEDICAL .00 .00 .000 SURGERY 0 0 .00 .00 .000 .00 .00 .00 PATHOLOGY 0 .00 .00 .000 .00 .00 .00 .00 RADIOLOGY .000 0 0 .00 .00 .00 .00 ROOM USE .000 17 18 759.56 42.20 18.000 44.68 759.56 CROSSOVERS/ALL OTH OUTPTNT .00 \$.00 .00 \$ @STATE HOSPITAL 0 .000 \$ MENTALLY ILL 0 0 .00 .00 .000 .00 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 \$.00 .000 \$.00 \$ @NURSING FACILITY .00 LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 0 .00 LEV B-REHAB MD .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	16	\$	944.00	\$	59.00	16.000	\$	134.86	\$	944.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	16		944.00		59.00	16.000		134.86		944.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUE	RES MONTH-	OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PΖ	AGE 18,136
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	R MEDICAI	LLY INDIGE	NT - ADULTS	- TOTA	AL					

TOLO COUNTI	SOUMANT OF SER	VICES FOR REDIC	עחחז ז	LINDIGENI	ADULIS	IOIAL			
							MON	NTHLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPE	NDITURES	AVERAGE COST		COST PER	COST PE
		OR DAYS OF CA	RE			PER UNIT/DAY	PER ELIG	USER	ELIGIBL
@ALL OTHER PROVIDERS	35	43	\$		3,168.02	\$ 73.67	43.000	90.51	\$ 3168.0
DURABLE MED. EQUIP.	0	0			.00	.00	.000	.00	.0
BLOOD BANK	0	0			.00	.00	.000	.00	.0
HEARING AID DISPENSERS	0	0			.00	.00	.000	.00	.0
MEDICAL TRANSPORTATION	0	0			.00	.00	.000	.00	.0
AMBULANCES/AIR TRANS	0	0			.00	.00	.000	.00	.0
OTHER TRANS	0	0			.00	.00	.000	.00	.0
OTHER SERVICES	0	0			.00	.00	.000	.00	.0
ACUPUNCTURE	0	0			.00	.00	.000	.00	.0
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00	.0
GENETIC DISEASE TESTING	29	29			3,045.00	105.00	29.000	105.00	3045.0
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00	.0
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00	.0
OPTICIAN	7	14			123.02	8.79	14.000	17.57	123.0
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00	.0
PORTABLE X-RAY	0	0			.00	.00	.000	.00	.0
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000	.00	.0
PROSTHETICS	0	0			.00	.00	.000	.00	.0
ORTHOTICS	0	0			.00	.00	.000	.00	.0
PSYCHOLOGIST	0	0			.00	.00	.000	.00	.0
SPEECH AND AUDIOLOGY	0	0			.00	.00	.000	.00	.0
HOSPICE SERVICES	0	0			.00	.00	.000	.00	.0
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00	.0
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00	.0
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00	.0
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00	.0
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00	.0
ALL OTHER PROVIDERS	0	0			.00	.00	.000	.00	.0
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00	\$.0

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

PAGE 18,137 03/14/05

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR ALL AGED

SPACE MAINTAINERS

YOLO COUNTY	SUMMARY OF SER	VICES FOR ALL AGEL)					~ =	
206 71 707777							NTHLY AVERA	ŒĔ	
386 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
^	0 501	OR DAYS OF CARE		1 600 000 06	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,531	24,213	\$	1,627,798.76	\$ 67.23	62.728			4217.10
@PHYSICIANS SERVICES	62	188	\$	3,534.58	\$ 18.80	.487		Ş	9.16
OUTPATIENT VISITS	10	10		547.64	54.76	.026	54.76		1.42
OFFICE VISITS	6	6		178.80	29.80	.016	29.80		.46
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	4	4		368.84	92.21	.010	92.21		.96
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	3	5 2		105.23	21.05	.013	35.08		.27
HOSPITAL VISITS	2	2		74.40	37.20	.005	37.20		.19
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	1	3		30.83	10.28	.008	30.83		.08
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2	14		335.40	23.96	.036	167.70		.87
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	14		335.40	23.96	.036	167.70		.87
OUTPATIENT SURGERY	2	2		305.85	152.93	.005	152.93		.79
PRINCIPAL SURGEON	2	2		305.85	152.93	.005	152.93		.79
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	6		161.60	26.93	.016	53.87		.42
RADIOLOGY	10	20		312.49	15.62	.052	31.25		.81
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	4 4	131		1,766.37	13.48	.339	40.14		4.58
@PHARMACY	1,008	5,100	\$	263,263.57	\$ 51.62	13.212		Ś	682.03
PRESCRIPTION DRUGS	1,001	1,990		262,811.61	132.07	5.155	262.55		680.86
SNF/ICF	326	756		104,071.43	137.66	1.959	319.24		269.62
OUTPATIENTS	686	1,234		158,740.18	128.64	3.197	231.40		411.24
MEDICAL SUPPLIES	12	3,110		451.96	.15	8.057	37.66		1.17
@DENTIST	1,277	5,185	\$		\$ 42.88	13.433		Ś	576.05
VISITS - DIAGNOSTIC	837	3,252	т	36,206.22	11.13	8.425	43.26	т	93.80
ORAL SURGERY	192	488		22,630.50	46.37	1.264	117.87		58.63
DRUGS	1	1		25.00	25.00	.003	25.00		.06
ANESTHESIA	0	1		.00	.00	.003	.00		.00
PERIODONTICS	124	130		16,987.10	130.67	.337	136.99		44.01
ENDODONTICS	55	86		19,716.50	229.26	.223	358.48		51.08
RESTORATIVE DENTISTRY	221	532		41,407.65	77.83	1.378	187.36		107.27
PROSTHETICS	29	30		850.00	28.33	.078	29.31		2.20
DENTURES, STAYPLATES	240	653		84,532.75	129.45	1.692	352.22		219.00
DENIURES, SIMIFLMIES	240	003		04, 332.73	129.43	1.092	332.22		219.00

.00 .00

.000 .00

.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	19	12	.00	.00	.031	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 18,138
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL YOLO COUNTY SUMMARY OF SERVICES FOR ALL AGED

YOLO COUNTY	SUMMARY OF SER	VICES FOR ALL AGE	D				0.TT		~ =	
206 51 16151 56					 	M			GE.	
386 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST					COST PER
0.0000000000000000000000000000000000000	2.0	OR DAYS OF CARE		0 070 64	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	32	97	\$	2,878.64	\$ 29.68	.251	Ş	89.96	Ş	7.46
DIAGNOSTIC AND ANC. PROCED	9	9		427.26	47.47	.023		47.47		1.11
EYE APPLIANCES	28	79		2,304.25	29.17	.205		82.29		5.97
OTHER OPTOMETRIC SERVICES	3	9		147.13	16.35	.023		49.04		.38
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	14	14	\$	47.75	\$ 3.41	.036	\$	3.41	\$.12
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	14	14		47.75	3.41	.036		3.41		.12
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28	110	\$	50,839.07	\$ 462.17	.285	\$	1815.68	\$	131.71
HOSP INPATIENT TOTAL	10	27		49,427.32	1830.64	.070		4942.73		128.05
HSC HOSPITALS	3	11		11,437.48	1039.77	.028		3812.49		29.63
NON-HSC HOSPITAL TOTAL	4	16		37,113.84	2319.62	.041		9278.46		96.15
ACCOMMODATIONS	4	16		7,313.50	457.09	.041		1828.38		18.95
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	4	16		7,313.50	457.09	.041		1828.38		18.95
ANCILLARIES	4	0		29,800.34	.00	.000		7450.09		77.20
INPATIENT CROSSOVERS	3	0		876.00	.00	.000		292.00		2.27
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	18	83		1,411.75	17.01	.215		78.43		3.66
MEDICAL	3	4		145.52	36.38	.010		48.51		.38
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	10	36		427.38	11.87	.093		42.74		1.11
RADIOLOGY	4	5		213.20	42.64	.013		53.30		.55
ROOM USE	3	4		157.34	39.34	.010		52.45		.41
CROSSOVERS/ALL OTH OUTPTNT	8	34		468.31	13.77	.088		58.54		1.21
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
	9	9		.00	• 0 0	.000		• 0 0		• • • •

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU D	EC 2004	PAGE 18,139
MOP024	FEE-FOR-SERVICE/I	ENTAL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICE	CES FOR ALL AGED					
					MO	NTHLY AVERA	GE
386 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	110 \$,	\$ 462.17	.285		•
COMM HOSP INPATIENT TOTAL	10	2.7	49,427.32	1830.64	.070	4942.73	128.05
HSC HOSPITALS	3	11	11,437.48	1039.77	.028	3812.49	29.63
NON-HSC HOSPITALS TOTAL	4	16	37,113.84	2319.62	.041	9278.46	96.15
ACCOMMODATIONS	4	16	7,313.50	457.09	.041	1828.38	18.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	16	7,313.50	457.09	.041	1828.38	18.95
ANCILLARIES	4	0	29,800.34	.00	.000	7450.09	77.20
INPATIENT CROSSOVERS	3	0	876.00	.00	.000	292.00	2.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	18	83	1,411.75	17.01	.215	78.43	3.66
MEDICAL	3	4	145.52	36.38	.010	48.51	.38
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	36	427.38	11.87	.093	42.74	1.11
RADIOLOGY	4	5	213.20	42.64	.013	53.30	.55
ROOM USE	3	4	157.34	39.34	.010	52.45	.41
CROSSOVERS/ALL OTH OUTPINT	8	34	468.31	13.77	.088	58.54	1.21
@STATE HOSPITAL	11	336 \$	236,175.27	\$ 702.90	.870	\$ 21470.48	\$ 611.85

	2	•		15 450 00		0.0	0.00		0.0		40.00
MENTALLY ILL	0	0		15,450.28		.00	.000		.00		40.03
DEVELOP. DISABLED	11	336		220,724.99		656.92	.870		20065.91		571.83
@NURSING FACILITY	65	2,022	\$	184 , 071.93	\$	91.03	5.238	\$	2831.88	\$	476.87
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	22	728		75,993.96		104.39	1.886		3454.27		196.88
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	43	1,294		108,077.97		83.52	3.352		2513.44		279.99
LEV B-REGULAR		·	<u> </u>	-	<u>^</u>			^		^	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	630.14	\$	630.14	.003	\$	630.14	\$	1.63
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		630.14		630.14	.003		630.14		1.63
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
HOSPITAL BASED	0	•									
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	19	\$	134.92	\$	7.10	.049	Ş	67.46	Ş	.35
PATHOLOGY	2	19		134.92		7.10	.049		67.46		.35
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	62	88	\$	12,739.20	\$	144.76	.228	\$	205.47	\$	33.00
CLINIC	1	4		80.76	·	20.19	.010	•	80.76		.21
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	61	•							207.52		
RURAL HEALTH CLINIC		84		12,658.44		150.70	.218			_	32.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONII'H = OF' = PAYMF'NII' R	F:PORT	FOR JAN 2	2004 THRU	1)F:(' '2004	Р	AGE 18,140
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MOP024	FEE-FOR-SERVICE		100 11					220	2004	-	03/14/05
MOP024 YOLO COUNTY									, 2004		03/14/05
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		/DENTAL	ED	EXPENDITURES				IONT		.GE	
YOLO COUNTY	SUMMARY OF SERV	JOENTAL JICES FOR ALL AG UNITS OF SERVIC	ED		AVE	RAGE COST	MUNITS/DAY	IONT	THLY AVERA	.GE	 COST PER
YOLO COUNTY 386 ELIGIBLES	SUMMARY OF SERV	JOENTAL JICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR	ED E E	EXPENDITURES	AVE.	RAGE COST UNIT/DAY	M UNITS/DAY PER ELIG	IONT	CHLY AVERA COST PER USER	.GE	 COST PER ELIGIBLE
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERV USERS 1,258	JOENTAL JICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 11,053	ED	EXPENDITURES 651,127.97	AVE	RAGE COST UNIT/DAY 58.91	UNITS/DAY PER ELIG	IONT	CHLY AVERA COST PER USER 517.59	.GE	COST PER ELIGIBLE 1686.86
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 1,258 0	JOENTAL JOES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 11,053	ED E E	EXPENDITURES 651,127.97 .00	AVE.	RAGE COST UNIT/DAY 58.91 .00	M UNITS/DAY PER ELIG 28.635 .000	IONT	CHLY AVERA COST PER USER 517.59	.GE	COST PER ELIGIBLE 1686.86
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 1,258	JOENTAL JOES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0	ED E E	EXPENDITURES 651,127.97 .00 .00	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00	M UNITS/DAY PER ELIG 28.635 .000	IONT	CHLY AVERA COST PER USER 517.59 .00	.GE	COST PER ELIGIBLE 1686.86 .00
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERV USERS 1,258 0	JOENTAL JOES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 0	ED E E	EXPENDITURES 651,127.97 .00 .00 .00	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00	M UNITS/DAY PER ELIG 28.635 .000 .000	IONT	CHLY AVERA COST PER USER 517.59 .00 .00	.GE	COST PER ELIGIBLE 1686.86 .00 .00
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERV USERS 1,258 0 0 0	JOENTAL JOENTA	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 .320.68	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00	M UNITS/DAY PER ELIG 28.635 .000 .000 .000	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .00	.GE	COST PER ELIGIBLE 1686.86 .00 .00
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERV USERS 1,258 0	JOENTAL JOES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 0	ED E E	EXPENDITURES 651,127.97 .00 .00 .00	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00	M UNITS/DAY PER ELIG 28.635 .000 .000	IONT	CHLY AVERA COST PER USER 517.59 .00 .00	.GE	COST PER ELIGIBLE 1686.86 .00 .00
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERV USERS 1,258 0 0 0 5 1	JOENTAL JOENTA	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 .320.68 149.38 138.47	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00	M UNITS/DAY PER ELIG 28.635 .000 .000 .000	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .00	.GE	COST PER ELIGIBLE 1686.86 .00 .00
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERV USERS 1,258 0 0 0	UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 0 61	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 .320.68 149.38 138.47	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67	M UNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .00 .64.14 149.38	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERV USERS 1,258 0 0 0 5 1	JOENTAL JOES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 0 61 8 49 4	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 320.68 149.38 138.47 32.83	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .00 .64.14 149.38 46.16 32.83	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERV USERS 1,258 0 0 0 1 3 1 1	JOENTAL JICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 61 8 49 4	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 320.68 149.38 138.47 32.83 32.44	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21 16.22	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .00 .64.14 149.38 46.16 32.83 32.44	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS 1,258 0 0 0 1,258 1,258 1,258 1,258 1,258 1,258 1,258 1,258 1,258 1,258 1,258 1,258 1,258 1,258 1,258	JOENTAL JICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 61 8 49 4 2 8,755	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 320.68 149.38 138.47 32.83 32.44 608,973.94	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .64.14 149.38 46.16 32.83 32.44 860.13	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .33 .39 .36 .09 .08
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS 1,258 0 0 0 1,258 1,258 1,258 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 61 8 49 4 2 8,755 0	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 .320.68 149.38 138.47 .32.83 .32.44 608,973.94 .00	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 64.14 149.38 46.16 32.83 32.44 860.13 .00	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 1,258 0 0 0 1,258 1,258 0 0 708 0 75	JOENTAL JICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 61 8 49 4 2 8,755 0 479	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 .320.68 149.38 138.47 .32.83 .32.44 608,973.94 .00 29,176.45	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .00 64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 75.59
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 1,258 0 0 0 5 1 708 0 75 0	UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 0 61 8 49 4 2 8,755 0 479 0	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 .320.68 149.38 138.47 .32.83 .32.44 608,973.94 .00 29,176.45 .00	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241 .000	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .00 64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02 .00	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 75.59 .00
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 1,258 0 0 0 1,258 1,258 0 0 708 0 75	JOENTAL JICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 61 8 49 4 2 8,755 0 479	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 .320.68 149.38 138.47 .32.83 .32.44 608,973.94 .00 29,176.45	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .00 64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 75.59
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 1,258 0 0 0 5 1 708 0 75 0	UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 0 61 8 49 4 2 8,755 0 479 0	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 .320.68 149.38 138.47 .32.83 .32.44 608,973.94 .00 29,176.45 .00	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241 .000	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .00 64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02 .00	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 75.59 .00
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS 1,258 0 0 0 1,258 1,258 0 7 1 708 0 75 0 475	JOENTAL JICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 0 61 8 49 4 2 8,755 0 479 0 1,070	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 .320.68 149.38 138.47 .32.83 .32.44 608,973.94 .00 29,176.45 .00 11,890.66	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91 .00	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241 .000 2.772	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .00 64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02 .00 25.03	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 75.59 .00 30.80
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS 1,258 0 0 0 5 1 708 0 75 0 475	UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 0 61 8 49 4 2 8,755 0 479 0 1,070	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 320.68 149.38 138.47 32.83 32.44 608,973.94 .00 29,176.45 .00 11,890.66 .00 1.12	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91 .00	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241 .000 2.772 .000	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02 .00 25.03 .00 1.12	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 .75.59 .00 .30.80 .00
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS 1,258 0 0 0 5 1 708 0 75 0 475	UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 0 61 8 49 4 2 8,755 0 479 0 1,070	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 320.68 149.38 138.47 32.83 32.44 608,973.94 .00 29,176.45 .00 11,890.66 .00 1.12 78.86	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91 .00 11.11 .00 .37 39.43	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241 .000 2.772 .000 .008	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02 .00 25.03 .00 1.12 78.86	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 .75.59 .00 .30.80 .00 .00 .20
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	USERS 1,258 0 0 0 5 1 708 0 75 0 475	UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 0 61 8 49 4 2 8,755 0 479 0 1,070	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 320.68 149.38 138.47 32.83 32.44 608,973.94 .00 29,176.45 .00 11,890.66 .00 1.12 78.86 78.86	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91 .00 11.11 .00 .37 39.43 39.43	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241 .000 2.772 .000 .008 .005	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02 .00 25.03 .00 1.12 78.86 78.86	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 .75.59 .00 .30.80 .00 .00 .20 .20 .20
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	USERS 1,258 0 0 0 5 1 708 0 75 0 475	### CONTRACT CONTRAC	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 320.68 149.38 138.47 32.83 32.44 608,973.94 .00 29,176.45 .00 11,890.66 .00 1.12 78.86 78.86 .00	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91 .00 11.11 .00 .37 39.43 39.43 .00	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241 .000 2.772 .000 .008 .005 .005	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02 .00 25.03 .00 1.12 78.86 78.86 .00	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 .75.59 .00 .30.80 .00 .20 .20 .20 .00
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 1,258 0 0 0 5 1,33 1 1,708 0 75 0 475 0 1 1 1 0 0	UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 0 61 8 49 4 2 8,755 0 479 0 1,070	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 320.68 149.38 138.47 32.83 32.44 608,973.94 .00 29,176.45 .00 11,890.66 .00 1.12 78.86 78.86 .00 .00	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91 .00 11.11 .00 .37 39.43 39.43	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241 .000 2.772 .000 .008 .005 .005	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02 .00 25.03 .00 25.03 .00 .00	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 .75.59 .00 .30.80 .00 .20 .20 .20 .00 .00 .00
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 1,258 0 0 0 5 1 708 0 75 0 475	### CONTACT CO	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 .320.68 149.38 138.47 32.83 32.44 608,973.94 .00 29,176.45 .00 11,890.66 .00 1.12 78.86 78.86 78.86 .00 .00 144.59	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91 .00 11.11 .00 .37 39.43 39.43 .00 .00 48.20	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241 .000 2.772 .000 .008 .005 .005 .005 .005 .005 .000	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02 .00 25.03 .00 1.12 78.86 78.86 .00 .00 .00	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 75.59 .00 30.80 .00 .20 .20 .20 .00 .37
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	USERS 1,258 0 0 0 5 1 1 708 0 75 0 475 0 1 1 0 0 1 1	### OPENTAL FIGURE TO ALL AG UNITS OF SERVIC OR DAYS OF CAR 11,053 0 0 0 61 8 49 4 2 8,755 0 479 0 1,070 0 3 2 2 0 0 0 3 2	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 .320.68 149.38 138.47 .32.83 .32.44 608,973.94 .00 29,176.45 .00 11,890.66 .00 .1.12 .78.86 .78.86 .78.86 .00 .00 .144.59 .227.24	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91 .00 11.11 .00 .37 39.43 39.43 .00 .00 48.20 113.62	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241 .000 2.772 .000 .008 .005 .005	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 .64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02 .00 25.03 .00 1.12 78.86 78.86 .00 .00 144.59 227.24	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 75.59 .00 30.80 .00 .20 .20 .20 .20 .00 .37 .59
YOLO COUNTY 386 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 1,258 0 0 0 5 1,33 1 1,708 0 75 0 475 0 1 1 1 0 0	### CONTACT CO	ED E E	EXPENDITURES 651,127.97 .00 .00 .00 .320.68 149.38 138.47 32.83 32.44 608,973.94 .00 29,176.45 .00 11,890.66 .00 1.12 78.86 78.86 78.86 .00 .00 144.59	AVE.	RAGE COST UNIT/DAY 58.91 .00 .00 5.26 18.67 2.83 8.21 16.22 69.56 .00 60.91 .00 11.11 .00 .37 39.43 39.43 .00 .00 48.20	MUNITS/DAY PER ELIG 28.635 .000 .000 .000 .158 .021 .127 .010 .005 22.681 .000 1.241 .000 2.772 .000 .008 .005 .005 .005 .005 .005 .000	IONT	CHLY AVERA COST PER USER 517.59 .00 .00 64.14 149.38 46.16 32.83 32.44 860.13 .00 389.02 .00 25.03 .00 1.12 78.86 78.86 .00 .00 .00	.GE	COST PER ELIGIBLE 1686.86 .00 .00 .00 .83 .39 .36 .09 .08 1577.65 .00 75.59 .00 30.80 .00 .00 .20 .20 .20 .00 .37

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	676	281.99	.42	1.751	47.00	.73
@CALIF. CHILDREN SERVICES*	0	0	\$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	65	182	\$ 22,781.86CR \$	125.18CR	.472 \$	350.49CR\$	59.02CR

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,141 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR ALL BLIND

IOLO COUNTI	SUMMAKI OF SEK	AICES FOR ALL BLIND					2.0	O 3 7 TT 1		~ =	
00							M			GE.	
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXP	ENDITURES			UNITS/DAY:				COST PER
_		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	212	8,898 \$	1	62,996.42	\$	18.32	269.636				4939.29
@PHYSICIANS SERVICES	5	7 \$		204.14	\$	29.16	.212	Ş	40.83	Ş	6.19
OUTPATIENT VISITS	2	2		73.98		36.99	.061		36.99		2.24
OFFICE VISITS	1	1		59.50		59.50	.030		59.50		1.80
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	1		14.48		14.48	.030		14.48		. 44
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	5		130.16		26.03	.152		43.39		3.94
@PHARMACY	59	164 \$			\$		4.970	Ś	654.19	Ś	1169.62
PRESCRIPTION DRUGS	59	164		38,597.33	'	235.35	4.970		654.19		1169.62
SNF/ICF	22	65		9,978.84		153.52	1.970		453.58		302.39
OUTPATIENTS	42	99		28,618.49		289.08	3.000		681.39		867.23
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	64	280 \$			\$	29.36	8.485	Ś	128.44	Ś	249.09
VISITS - DIAGNOSTIC	37	185		2,000.00	r	10.81	5.606		54.05	т	60.61
ORAL SURGERY	12	43		1,999.00		46.49	1.303		166.58		60.58
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
111110111	0	V		.00		• 0 0	.000				.00

PERIODONTICS	15	18	1,108.00	61.56	.545	73.87	33.58
ENDODONTICS	4	4	950.00	237.50	.121	237.50	28.79
RESTORATIVE DENTISTRY	9	15	1,042.00	69.47	.455	115.78	31.58
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	14	1,121.00	80.07	.424	373.67	33.97
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.030	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN 2	2004 THRU DI	EC 2004	PAGE 18,142
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR ALL BLIND					
22					MOI	NTHLY AVERAG	E

						M	CNT	HLY AVERA	GΕ	
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	5	5	\$ 31.25	\$	6.25	.152	\$	6.25	\$.95
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	5	5	31.25		6.25	.152		6.25		.95
@HOME HEALTH AGENCY	2	98	\$ 2,904.50	\$	29.64	2.970	\$	1452.25	\$	88.02
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	8	\$ 192.54	\$	24.07	.242	\$	64.18	\$	5.83
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	8	192.54		24.07	.242		64.18		5.83
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	1	4	36.28		9.07	.121		36.28		1.10
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	1	2	70.26		35.13	.061		70.26		2.13
CROSSOVERS/ALL OTH OUTPTNT	2	2	86.00		43.00	.061		43.00		2.61
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 18,143
MOP024	FEE-FOR-SERVICE/DENT	TAL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR ALL BLIND					
					MOI	NTHLY AVERA	GE
33 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	r units/days	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	8 \$	192.54	\$ 24.07	.242	\$ 64.18	\$ 5.83

						M	ONT	HLY AVERA	GΕ	
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	8	\$ 192.54	\$	24.07	.242	\$	64.18	\$	5.83
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	8	192.54		24.07	.242		64.18		5.83
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	1	4	36.28		9.07	.121		36.28		1.10
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	1	2	70.26		35.13	.061		70.26		2.13
CROSSOVERS/ALL OTH OUTPTNT	2	2 2 0	86.00		43.00	.061		43.00		2.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	12	308	\$ 29,952.60	\$	97.25	9.333	\$	2496.05	\$	907.65
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	12	308	29 , 952.60		97.25	9.333		2496.05		907.65
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$ 660.00	\$	660.00	.030	\$	660.00	\$	20.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1	660.00		660.00	.030		660.00		20.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	1,296.00	\$	216.00	.182	\$	259.20	\$	39.27
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	6		1,296.00		216.00	.182		259.20		39.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES	MONTH-OF-PAYMENT H	REPOR'	r for jan	2004 THRU	DEC	2004	P	AGE 18,144
MOP024	FEE-FOR-SERVICE	L/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR ALL BLI	ND								
							N	INOL	HLY AVERA	GE ·	
33 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		-	COST PER	(COST PER
		OR DAYS OF CARE	3			R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	99	8,021	\$	80,938.06	\$	10.09	243.061	\$		\$	2452.67
DURABLE MED. EQUIP.	1	25		1,623.14		64.93	.758		1623.14		49.19
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	925		1,668.06		1.80	28.030		834.03		50.55
AMBULANCES/AIR TRANS	1	1		107.16		107.16	.030		107.16		3.25
OTHER TRANS	1	924		1,560.90		1.69	28.000		1560.90		47.30
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	64	774		53,854.92		69.58	23.455		841.48		1631.97
GENETIC DISEASE TESTING	1	1		105.00		105.00	.030		105.00		3.18
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	13	24		272.34		11.35	.727		20.95		8.25
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	4,042	5,940.06	1.47	122.485	540.01	180.00
EPSDT SUPPLEMENTAL SERVICE	4	586	17,234.26	29.41	17.758	4308.57	522.25
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	1,644	240.28	.15	49.818	60.07	7.28
@CALIF. CHILDREN SERVICES*	0	0	\$.00 \$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	12	15	\$ 771.72CR \$	51.45CR	.455	\$ 64.31CR\$	23.39CR

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 18,145 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

					MON'	THLY AVERA	GE
1,002 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13,002	126,905 \$	6,031,763.55	\$ 47.53	126.652 \$	463.91	\$ 6019.72
@PHYSICIANS SERVICES	439	1,200 \$	49,078.09	\$ 40.90	1.198 \$	111.80	\$ 48.98
OUTPATIENT VISITS	129	157	6,391.65	40.71	.157	49.55	6.38
OFFICE VISITS	81	96	3,484.02	36.29	.096	43.01	3.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	29	39	2,117.27	54.29	.039	73.01	2.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	179.48	89.74	.002	89.74	.18
OTHER OUTPATIENT	18	20	610.88	30.54	.020	33.94	.61
INPATIENT VISITS	55	251	19,547.13	77.88	.250	355.40	19.51
HOSPITAL VISITS	30	117	4,243.39	36.27	.117	141.45	4.23
CRITICAL CARE	7	75	13,594.50	181.26		1942.07	13.57
SNF/ICF/TRANS IP CARE	26	59	1,709.24	28.97	.059	65.74	1.71
OPHTHALMOLOGICAL SERVICES	6	7	249.48	35.64	.007	41.58	.25
EXAMINATIONS	6	7	249.48	35.64	.007	41.58	.25
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	40	4,244.74	106.12	.040	353.73	4.24
PRINCIPAL SURGEON	8	8	3,277.02	409.63	.008	409.63	3.27
ASSISTANT SURGEON	1	1	101.27	101.27		101.27	.10
ANESTHESIOLOGIST	4	31	866.45	27.95		216.61	.86
OUTPATIENT SURGERY	14	26	3 , 126.99	120.27	.026	223.36	3.12
PRINCIPAL SURGEON	13	15	2,802.56	186.84	.015	215.58	2.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	11	324.43	29.49	.011	162.22	.32
DIALYSIS	1	1	225.04	225.04	.001	225.04	.22
PATHOLOGY	12	22	368.12	16.73	.022	30.68	.37
RADIOLOGY	60	117	4,577.44	39.12	.117	76.29	4.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	41	370.97	9.05	.041	46.37	.37
OTHER SERVICES/ALL X-OVERS	233	538	•	18.54	.537	42.82	9.96
@PHARMACY	7 , 192	24 , 912 \$	• •		24.862 \$		\$ 3381.48
PRESCRIPTION DRUGS	7,169	17,147	3,374,114.78	196.78	17.113	470.65	3367.38
SNF/ICF	724	2,438	397 , 714.68	163.13		549.33	396.92
OUTPATIENTS	6 , 505	14,709	2,976,400.10	202.35	14.680	457.56	2970.46

MEDICAL SUPPLIES	70	7,765	14,128.51	1.82	7.750	201.84	14.10
@DENTIST	3,409	16,262	\$ 558,024.54	\$ 34.31	16.230	\$ 163.69	\$ 556.91
VISITS - DIAGNOSTIC	2,314	11,059	119,333.45	10.79	11.037	51.57	119.10
ORAL SURGERY	516	1,279	62,495.75	48.86	1.276	121.12	62.37
DRUGS	2	2	25.00	12.50	.002	12.50	.02
ANESTHESIA	2	2	200.00	100.00	.002	100.00	.20
PERIODONTICS	328	370	36,242.60	97.95	.369	110.50	36.17
ENDODONTICS	235	387	79,154.00	204.53	.386	336.83	79.00
RESTORATIVE DENTISTRY	819	1 , 975	140,846.45	71.31	1.971	171.97	140.57
PROSTHETICS	54	64	1,640.00	25.63	.064	30.37	1.64
DENTURES, STAYPLATES	360	1,019	117,217.29	115.03	1.017	325.60	116.98
SPACE MAINTAINERS	4	10	480.00	48.00	.010	120.00	.48
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	6	315.00	52.50	.006	52.50	.31
ALL OTHER SERVICES	66	89	75.00	.84	.089	1.14	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 18,146
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICE	S FOR ALL DISA	ABLED				
					MO	NTHLY AVERA	GE
1 002 ETTCTBIES	TICEDC TIN	TTO OF SEDVICE	EADEMULAIDEG	ATTEDACE COS	T IMITTO / DAVO	COST DED	COST DED

1,002 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	112	303	\$ 5 , 666.15	\$.302	\$	\$ 5.65
DIAGNOSTIC AND ANC. PROCED	33	36	1,419.90	39.44	.036	43.03	1.42
EYE APPLIANCES	99	264	4,216.39	15.97	.263	42.59	4.21
OTHER OPTOMETRIC SERVICES	2	3	29.86	9.95	.003	14.93	.03
@CHIROPRACTOR	1	2	\$	\$.002	\$	\$.03
VISITS	1	2	33.44	16.72	.002	33.44	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	18	\$ 355.72	\$ 19.76	.018	\$	\$.36
MEDICINE/INJECTIONS	4	5	187.90	37.58	.005	46.98	.19
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.002	34.60	.03
OTHER	7	11	133.22	12.11	.011	19.03	.13
@HOME HEALTH AGENCY	5	438	\$ 13,643.22	\$ 31.15	.437	\$ 2728.64	\$ 13.62
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	5	\$ 71.85		.005	23.95	.07
@TOTAL HOSPITAL	162	825	\$ 289,493.66	\$ 350.90	.823	\$ 1787.00	\$ 288.92
HOSP INPATIENT TOTAL	55	180	277,246.86	1540.26	.180	5040.85	276.69
HSC HOSPITALS	12	120	185,146.83	1542.89	.120	15428.90	184.78
NON-HSC HOSPITAL TOTAL	5	60	64,069.03	1067.82	.060	12813.81	63.94
ACCOMMODATIONS	5	60	18,837.62	313.96	.060	3767.52	18.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	60	18,837.62	313.96	.060	3767.52	18.80
ANCILLARIES	5	0	45,231.41	.00	.000	9046.28	45.14
INPATIENT CROSSOVERS	38	0	28,031.00	.00	.000	737.66	27.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	111	645	12,246.80	18.99	.644	110.33	12.22
MEDICAL	23	31	1,376.15	44.39	.031	59.83	1.37
SURGERY	1	1	21.55	21.55	.001	21.55	.02
PATHOLOGY	42	311	2,270.62	7.30	.310	54.06	2.27
RADIOLOGY	24	56	3,022.77	53.98	.056	125.95	3.02
ROOM USE	54	66	2,360.66	35.77	.066	43.72	2.36

CROSSOVERS/ALL OTH OUTPINT	47	180	3,195.05	17.75	.180	67.98	3.19
@COUNTY HOSPITAL TOTAL	4	8 \$	261.72	\$ 32.72	.008	\$ 65.43	\$.26
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	8	261.72	32.72	.008	65.43	.26
MEDICAL	2	2	91.90	45.95	.002	45.95	.09
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	40.76	13.59	.003	40.76	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	129.06	43.02	.003	43.02	.13
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 18,147
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	ALL DISAE	BLED				
					M	ONTHLY AVERAG	GE

1,002 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 289,231.94 \$ 354.02 .815 \$ 1819.07 \$ 288.65 159 @COMMUNITY HOSPITAL TOTAL 817 1540.26 1542.89 55 180 277,246.86 .180 5040.85 COMM HOSP INPATIENT TOTAL 276.69 12 5 120 185,146.83 .120 15428.90 184.78 HSC HOSPITALS 60 .060 NON-HSC HOSPITALS TOTAL

 64,069.03
 1067.82
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 12813.81

 18,837.62
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 64,069.03 1067.82 12813.81 63.94 ACCOMMODATIONS 60 18.80 0 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 J 0 J8 637 21 29 1 1 41 308 24 56 63 180 366 \$ 0 60 ALL OTHER ACCOM 18.80 ANCILLARIES 45.14 INPATIENT CROSSOVERS ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 108 11.96 1.28 MEDICAL SURGERY .02 PATHOLOGY 2.23 RADIOLOGY 42.92 2,231.60 35.42 .063 2.23 ROOM USE 3,195.05 17.75 CROSSOVERS/ALL OTH OUTPINT .180 67.98 3.19 .365 \$ 21426.39 \$ 257,116.68 \$ 702.50 @STATE HOSPITAL .00 MENTALLY ILL .00 .000 .00 .00 DEVELOP. DISABLED 257,116.68 702.50 .365 21426.39 256.60 2,474 3091.6 .00 1.452 3984.03 .000 .00 .050 9259.10 .000 95 293,709.41 \$ 118.72 2.469 \$ 3091.68 \$ @NURSING FACILITY 0 0 .00 .00 LEV A-INTERMEDIATE .00 4 4 0 1,455 175,297.32 120.48 174.95 LEV B-REHAB MD 0 .00 .00 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED 3 50 27,777.29 555.55 27.72 0 .00 LEV B-TRANSITIONAL IP CARE .00 .00 969 48 90,634.80 93.53 .967 1888.23 90.45 LEV B-REGULAR \$ 182.79 .00 1 122 22,300.38 \$ 182.79 .122 \$ 22300.38 \$ 22.26 @INTERMEDIATE CARE FACIL.-DD 0 0 .00 .00 ICF DDH .000 .00 ICF DD Ω .00 .00 .000 .00 .00

ICF DDN/DDCN	1	122		22,300.38	3	182.79	.122		22300.38		22.26
@HEMODIALYSIS TOTAL	7	46	\$	3,435.64	1 \$	74.69	.046	\$	490.81	\$	3.43
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	7	46		3,435.64	1	74.69	.046		490.81		3.43
@REHABILITATION FACILITY	6	49	\$	885.66	5 \$	18.07	.049	\$	147.61	\$.88
HOSPITAL BASED	1	2		138.33	3	69.17	.002		138.33		.14
INDEPENDENT FACILITY	5	47		747.33	3	15.90	.047		149.47		.75
@LABORATORY FACILITY	79	290	\$	3,043.86	5 \$	10.50	.289	\$	38.53	\$	3.04
PATHOLOGY	79	290		3,043.86	5	10.50	.289		38.53		3.04
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	163	526	\$	41,430.49	\$	78.77	.525	\$	254.17	\$	41.35
CLINIC	40	338		6,799.08	3	20.12	.337		169.98		6.79
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	123	188		34,631.41	L	184.21	.188		281.56		34.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	RES 1	MONTH-OF-PAYMENT	REPOR'	T FOR JAN	2004 THRU	DEC	2004	PI	AGE 18,148
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	ALL DI	SABLI	ED							

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 1,002 ELIGIBLES USERS UNITS OF SERVICE PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 3,046 79,067 \$ @ALL OTHER PROVIDERS 1,105,231.47 \$ 13.98 78.909 \$ 362.85 \$ 1103.03 .027 DURABLE MED. EQUIP. 10 27 4,673.85 173.11 467.39 0 0 31 21 6 4 BLOOD BANK 0 .00 HEARING AID DISPENSERS 0 .00 MEDICAL TRANSPORTATION 388 356 AMBULANCES/AIR TRANS 338 OTHER TRANS OTHER SERVICES 306CR .305CR 5.83CR 1 16.22 ACUPUNCTURE 16.22 .001 16.22 .02
 445,607.74
 69.59
 6.390
 981.51

 210.00
 105.00
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 357,555.73
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 69.59 6.390 981.51 ADULT DAY HEALTH CARE CTR 444.72 GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP 12,153 356.84 12,153 0 0 1,054 2,381 0 0 5 11 3 4 0 0 19 25 2 2 2 48 0 0 .000 OCCUPATIONAL THERAPIST .00 .00 .00 .00 24,867.43 10.44 2.376 23.59 24.82 OPTICIAN .000 PHYSICAL THERAPIST .00 .00 .00 .00 64.64 5.88 .011 254.88 63.72 .004 254.88 63.72 .004 .00 .00 .000 1,283.06 51.32 .025 12.93 PORTABLE X-RAY .06 84.96 PROSTHETIST/ORTHOTISTS 84.96 PROSTHETICS .00 ORTHOTICS .00 1,283.06 PSYCHOLOGIST 67.53 45.26 22.63 5,453.76 113.62 .00 .00 22.63 .002 22.63 SPEECH AND AUDIOLOGY .05 .048 HOSPICE SERVICES 2726.88 5.44 0 39**,**267 .00 NONINST BIRTHING CENTERS .000 1,362 15 39.189 LOCAL EDUCATION AGENCIES 210,160.64 5.35 154.30 209.74 46,552.45 EPSDT SUPPLEMENTAL SERVICE 1.645 1,648 28.25 3103.50 .00 .000 .00 RESPIRATORY CARE PRACT. .00 4,132.37 0 0 .00 PED SUBACUTE REHAB/WEANING .000 .00 .00 16,707 ALL OTHER PROVIDERS 36 .25 16.674 114.79 4.12 154,605.05 \$ 93.47 39 1,654 1.651 \$ 3964.23 \$ 154.30 @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** 292 29,289.97 \$ 35.25 .829 \$ 100.31 \$ 29.23

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

TODO COUNTI	DOMMANT OF DEN	VICES FOR ALL PARILLES					
					MON		-
30,229 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	27 , 894	160 , 518 \$	4,335,282.98	\$ 27.01	5.310 \$	155.42	•
@PHYSICIANS SERVICES	1,908	5 , 089 \$	250,402.97	•	.168 \$		•
OUTPATIENT VISITS	1,151	2,040	68,482.89	33.57	.067	59.50	2.27
OFFICE VISITS	606	752	25,396.35	33.77	.025	41.91	.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	313	324	18,251.44	56.33	.011	58.31	.60
PREVENTIVE CARE	6	6	324.02	54.00	.000	54.00	.01
OB VISITS/COMPRE PERI	234	896	22,781.41	25.43	.030	97.36	.75
OTHER OUTPATIENT	50	62	1,729.67	27.90	.002	34.59	.06
INPATIENT VISITS	120	346	24,373.52	70.44	.011	203.11	.81
HOSPITAL VISITS	106	241	10,989.47	45.60	.008	103.67	.36
CRITICAL CARE	20	105	13,384.05	127.47	.003	669.20	.44
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	13	14	625.01	44.64	.000	48.08	.02
EXAMINATIONS	13	14	625.01	44.64	.000	48.08	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	168	734	89,844.59	122.40	.024	534.79	2.97
PRINCIPAL SURGEON	98	138	70,398.44	510.13	.005	718.35	2.33
ASSISTANT SURGEON	21	21	3,838.53	182.79	.001	182.79	.13
ANESTHESIOLOGIST	78	575	15,607.62	27.14	.019	200.10	.52
OUTPATIENT SURGERY	139	271	16,070.86	59.30	.009	115.62	.53
PRINCIPAL SURGEON	119	158	12,905.31	81.68	.005	108.45	.43
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.00
ANESTHESIOLOGIST	22	112	3,058.33	27.31	.004	139.02	.10
DIALYSIS	2	3	618.86	206.29	.000	309.43	.02
PATHOLOGY	237	649	9,069.92	13.98	.021	38.27	.30
RADIOLOGY	527	744	31,602.20	42.48	.025	59.97	1.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	10	16		507.96		31.75	.001		50.80		.02
OTHER SERVICES/ALL X-OVERS	169	272		9,207.16		33.85	.009		54.48		.30
@PHARMACY	2,518	8,808	\$	422,941.41	\$	48.02	.291	\$	167.97	\$	13.99
PRESCRIPTION DRUGS	2,491	4,792		409,385.91		85.43	.159		164.35		13.54
SNF/ICF	5	9		2,772.82		308.09	.000		554.56		.09
OUTPATIENTS	2,491	4,783		406,613.09		85.01	.158		163.23		13.45
MEDICAL SUPPLIES	89	4,016		13,555.50		3.38	.133		152.31		.45
@DENTIST	12,470	64 , 370	\$	1,804,898.77	\$	28.04	2.129	\$	144.74	\$	59.71
VISITS - DIAGNOSTIC	9 , 225	45 , 670		568,725.96		12.45	1.511		61.65		18.81
ORAL SURGERY	1,515	2,843		144,908.60		50.97	.094		95.65		4.79
DRUGS	80	83		1,850.00		22.29	.003		23.13		.06
ANESTHESIA	5	5		400.00		80.00	.000		80.00		.01
PERIODONTICS	549	586		52 , 370.60		89.37	.019		95.39		1.73
ENDODONTICS	1,121	1,946		309,692.50		159.14	.064		276.26		10.24
RESTORATIVE DENTISTRY	4,339	11,499		625 , 451.56		54.39	.380		144.15		20.69
PROSTHETICS	60	67		2,172.50		32.43	.002		36.21		.07
DENTURES, STAYPLATES	168	757		50,719.86		67.00	.025		301.90		1.68
SPACE MAINTAINERS	78	102		10,828.10		106.16	.003		138.82		.36
MAXILLOFACIAL SERVICES	15	15		1,026.09		68.41	.000		68.41		.03
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000		1200.00		.04
ORTHODONTIC SERVICES	385	486		33,453.00		68.83	.016		86.89		1.11
ALL OTHER SERVICES	298	310		2,100.00		6.77	.010		7.05		.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	JRES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 18,150
MOP024	FEE-FOR-SERVICE/DEN'	ΓAL									03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

TODO COONTI	SOMMAN OF SER	VICES FOR ALL FAMILI	1110							
								HLY AVERA	GE	
30,229 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	211	530 \$	10,846.00	\$	20.46	.018	\$	51.40	\$.36
DIAGNOSTIC AND ANC. PROCED	107	112	4,698.12		41.95	.004		43.91		.16
EYE APPLIANCES	174	417	6,135.88		14.71	.014		35.26		.20
OTHER OPTOMETRIC SERVICES	1	1	12.00		12.00	.000		12.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	3	3 \$	114.77	\$	38.26	.000	\$	38.26	\$.00
MEDICINE/INJECTIONS	3	3	114.77		38.26	.000		38.26		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	11 \$	698.59	\$	63.51	.000	\$	116.43	\$.02
NURSE ANESTHESIST	2	14 \$	300.65	\$	21.48	.000	\$	150.33	\$.01
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	18 \$	265.38	\$	14.74	.001	\$	37.91	\$.01
@TOTAL HOSPITAL	1,244	4,705 \$	1,023,078.87	\$	217.45	.156	\$	822.41	\$	33.84
HOSP INPATIENT TOTAL	218	768	920,578.31		1198.67	.025		4222.84		30.45
HSC HOSPITALS	68	219	294,969.45		1346.89	.007		4337.79		9.76
NON-HSC HOSPITAL TOTAL	152	549	625,608.86		1139.54	.018		4115.85		20.70
ACCOMMODATIONS	152	549	205,051.13		373.50	.018		1349.02		6.78
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	152	549	205,051.13		373.50	.018		1349.02		6.78
ANCILLARIES	151	0	420,557.73		.00	.000		2785.15		13.91
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

1,120	3 , 937	102,500.56	26.04	.130	91.52	3.39
153	191	6,111.58	32.00	.006	39.94	.20
125	203	6,412.24	31.59	.007	51.30	.21
449	1,685	19,224.71	11.41	.056	42.82	.64
295	391	25,704.54	65.74	.013	87.13	.85
566	703	27,546.29	39.18	.023	48.67	.91
470	764	17,501.20	22.91	.025	37.24	.58
24	64 \$	7,553.79	\$ 118.03	.002 \$	314.74	\$.25
2	4	5,406.04	1351.51	.000	2703.02	.18
2	4	5,406.04	1351.51	.000	2703.02	.18
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
23	60	2,147.75	35.80	.002	93.38	.07
	16	429.02	26.81	.001	28.60	.01
	3	187.00	62.33	.000	62.33	.01
5	10	90.93	9.09	.000	18.19	.00
3	3	63.57	21.19	.000	21.19	.00
17	23	1,094.86	47.60	.001	64.40	.04
5	5	282.37	56.47	.000	56.47	.01
		NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 18,151
FEE-FOR-SERVICE,	/DENTAL					03/14/05
SUMMARY OF SERV	ICES FOR ALL FAMILIES					
				MON	ITHLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
						ELIGIBLE
•	•		•			\$ 33.59
	·	915,172.27	1197.87	.025	4236.91	30.27
	153 125 449 295 566 470 24 2 2 0 0 0 0 0 0 0 0 0 23 15 3 17 5 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI	153	153	153	153	153

30,229 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,224	4,641	\$	1,015,525.08	\$ 218.82	.154		\$ 33.59
COMM HOSP INPATIENT TOTAL	216	764		915 , 172.27	1197.87	.025	4236.91	30.27
HSC HOSPITALS	66	215		289,563.41	1346.81	.007	4387.32	9.58
NON-HSC HOSPITALS TOTAL	152	549		625 , 608.86	1139.54	.018	4115.85	20.70
ACCOMMODATIONS	152	549		205,051.13	373.50	.018	1349.02	6.78
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	152	549		205,051.13	373.50	.018	1349.02	6.78
ANCILLARIES	151	0		420,557.73	.00	.000	2785.15	13.91
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,101	3 , 877		100,352.81	25.88	.128	91.15	3.32
MEDICAL	138	175		5,682.56	32.47	.006	41.18	.19
SURGERY	122	200		6,225.24	31.13	.007	51.03	.21
PATHOLOGY	445	1,675		19,133.78	11.42	.055	43.00	.63
RADIOLOGY	292	388		25,640.97	66.08	.013	87.81	.85
ROOM USE	551	680		26,451.43	38.90	.022	48.01	.88
CROSSOVERS/ALL OTH OUTPTNT	465	759		17,218.83	22.69	.025	37.03	.57
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	1	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00)	.00	.000		.00		.00
ICF DD	0	0		.00	1	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	1	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	95	\$	12,957.05	\$	136.39	.003	\$	2159.51	\$.43
HOSPITAL BASED	0	0		.00	1	.00	.000		.00		.00
HEMODIALYSIS CENTER	6	95		12,957.05	,	136.39	.003		2159.51		.43
@REHABILITATION FACILITY	31	328	\$	5,620.45	\$	17.14	.011	\$	181.30	\$.19
HOSPITAL BASED	8	55		1,329.60	1	24.17	.002		166.20		.04
INDEPENDENT FACILITY	23	273		4,290.85	,	15.72	.009		186.56		.14
@LABORATORY FACILITY	735	1,868	\$	27,018.90	\$	14.46	.062	\$	36.76	\$.89
PATHOLOGY	735	1,868		27,018.90	1	14.46	.062		36.76		.89
XO AND OTHERS	0	0		.00	1	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,830	8,352	\$	367,939.97	\$	44.05	.276	\$	201.06	\$	12.17
CLINIC	865	6 , 975		183,834.03	}	26.36	.231		212.52		6.08
SURGICENTER	5	29		1,017.10	1	35.07	.001		203.42		.03
HEROIN DETOX CLINIC	0	0		.00	1	.00	.000		.00		.00
RURAL HEALTH CLINIC	960	1,348		183,088.84		135.82	.045		190.72		6.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	URES 1	MONTH-OF-PAYMENT	REPORT	r for Jan 20	004 THRU	DEC	2004	P	AGE 18,152
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	ALL FA	AMILIE	ES							

IOLO COUNTI	SUMMARI OF SER	VICES FOR ALL FAMILIES					
					MO	NTHLY AVERA	GE
30,229 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10,638	66 , 327 \$	408,199.20	\$ 6.15	2.194	\$ 38.37	\$ 13.50
DURABLE MED. EQUIP.	23	57	14,498.25	254.36	.002	630.36	.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	81	705	11,083.94	15.72	.023	136.84	.37
AMBULANCES/AIR TRANS	80	704	9,283.94	13.19	.023	116.05	.31
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	212	212	22,260.00	105.00	.007	105.00	.74
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,693	3 , 585	31,839.56	8.88	.119	18.81	1.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	108.08	54.04	.000	54.04	.00
PROSTHETICS	2	2	108.08	54.04	.000	54.04	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	26	1,414.80	54.42	.001	141.48	.05
SPEECH AND AUDIOLOGY	1	13	536.39	41.26	.000	536.39	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8 , 675	31 , 928	320,341.77	10.03	1.056	36.93	10.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	40	29 , 799	6,116.41	.21	.986	152.91	.20
@CALIF. CHILDREN SERVICES*	143	2,453 \$	147,060.65	\$ 59.95	.081	\$ 1028.40	\$ 4.86

@XOVER EXCLUDING STATE HOSP** 5 8 \$ 2,625.45 \$ 328.18 .000 \$ 525.09 \$.09

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,153 MOP024

03/14/05

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT YOLO COUNTY

			-		MON	NTHLY AVERA	AGE -	
7,076 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	Ι	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,988	11,609	\$ 414,198.66	\$ 35.68	1.641	\$ 138.62	\$	58.54
@PHYSICIANS SERVICES	701	1,267	\$ 49,069.84	\$ 38.73	.179	\$ 70.00	\$	6.93
OUTPATIENT VISITS	559	722	26,554.64	36.78	.102	47.50		3.75
OFFICE VISITS	434	561	18,914.24	33.72	.079	43.58		2.67
HOME VISITS	1	1	44.95	44.95	.000	44.95		.01
EMERGENCY ROOM	125	130	6,409.81	49.31	.018	51.28		.91
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	3	2	240.96	120.48	.000	80.32		.03
OTHER OUTPATIENT	19	28	944.68	33.74	.004	49.72		.13
INPATIENT VISITS	22	58	3,653.77	63.00	.008	166.08		.52
HOSPITAL VISITS	21	56	3,247.13	57.98	.008	154.63		.46
CRITICAL CARE	1	2	406.64	203.32	.000	406.64		.06
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	11	13	564.45	43.42	.002	51.31		.08
EXAMINATIONS	11	13	564.45	43.42	.002	51.31		.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	8	23	3,781.89	164.43	.003	472.74		.53
PRINCIPAL SURGEON	6	12	3,375.59	281.30	.002	562.60		.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	11	406.30	36.94	.002	135.43		.06
OUTPATIENT SURGERY	27	41	2,793.54	68.14	.006	103.46		.39
PRINCIPAL SURGEON	24	25	2,379.39	95.18	.004	99.14		.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	16	414.15	25.88	.002	138.05		.06
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	24	29	287.40	9.91	.004	11.98		.04
RADIOLOGY	132	159	4,417.02	27.78	.022	33.46		.62
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	3	132.76	44.25	.000	66.38		.02
OTHER SERVICES/ALL X-OVERS	94	219	6,884.37	31.44	.031	73.24		.97
@PHARMACY	1,106	2 , 729	\$ 153,510.57	\$ 56.25	.386	\$ 138.80	\$	21.69
PRESCRIPTION DRUGS	1,098	2 , 199	150,658.52	68.51	.311	137.21		21.29
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	1,098	2,199	150,658.52	68.51	.311	137.21		21.29
MEDICAL SUPPLIES	36	530	2,852.05	5.38	.075	79.22		.40
@DENTIST	564	3,411	\$ 91,280.90	\$ 26.76	.482	\$ 161.85	\$	12.90
VISITS - DIAGNOSTIC	451	2,520	35,835.90	14.22	.356	79.46		5.06
ORAL SURGERY	59	136	9,506.50	69.90	.019	161.13		1.34
DRUGS	4	4	75.00	18.75	.001	18.75		.01
ANESTHESIA	2	2	200.00	100.00	.000	100.00		.03
PERIODONTICS	14	14	1,285.00	91.79	.002	91.79		.18
ENDODONTICS	31	80	10,939.25	136.74	.011	352.88		1.55
RESTORATIVE DENTISTRY	194	607	31,249.25	51.48	.086	161.08		4.42
PROSTHETICS	1	1	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	1	25.00	25.00	.000	25.00		.00
SPACE MAINTAINERS	5	5	560.00	112.00	.001	112.00		.08

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	16	21	1,605.00	76.43	.003	100.31	.23
ALL OTHER SERVICES	15	20	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 18,154
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES F	OR ALL MEDICA	ALLY INDIGENT				

						M	CNO	THLY AVERA	GE	
7,076 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	43	114	\$ 2,585.25	\$	22.68	.016	\$	60.12	\$.37
DIAGNOSTIC AND ANC. PROCED	32	34	1,454.32		42.77	.005		45.45		.21
EYE APPLIANCES	28	80	1,130.93		14.14	.011		40.39		.16
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	2	2	\$ 48.00	\$	24.00	.000	\$	24.00	\$.01
MEDICINE/INJECTIONS	2	2	48.00		24.00	.000		24.00		.01
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	280	746	\$ 47,465.94	\$	63.63	.105	\$	169.52	\$	6.71
HOSP INPATIENT TOTAL	9	21	27 , 658.47		1317.07	.003		3073.16		3.91
HSC HOSPITALS	5	14	20,000.00		1428.57	.002		4000.00		2.83
NON-HSC HOSPITAL TOTAL	4	7	7,658.47		1094.07	.001		1914.62		1.08
ACCOMMODATIONS	4	7	3 , 565.00		509.29	.001		891.25		.50

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	7	3,565.00	509.29	.001	891.25	.50
ANCILLARIES	4	0	4,093.47	.00	.000	1023.37	.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	4 0 0 275	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	275	725	19,807.47	27.32	.102	72.03	2.80
MEDICAL	29	38	1,470.35	38.69	.005	50.70	.21
SURGERY	11	12	360.38	30.03	.002	32.76	.05
PATHOLOGY	61	225	2,193.66	9.75	.032	35.96	.31
RADIOLOGY	62	80	3,923.13	49.04	.011	63.28	.55
ROOM USE	180	206	7,606.24	36.92	.029	42.26	1.07
CROSSOVERS/ALL OTH OUTPINT	107	164	4,253.71	25.94	.023	39.75	.60
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	Ö	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	•	0	.00	.00	.000	.00	.00
		· · · · · · · · · · · · · · · · · · ·	MONTH-OF-PAYMENT F				PAGE 18,155
	FEE-FOR-SERVICE/		MONIII OF FAIMENT P	METOKI FOR OAN 2	ZUU4 IIIKU DE	C 2004	03/14/05
YOLO COUNTY		CES FOR ALL MEDIC	PALLY INDICENT				03/14/03
TOLO COOMIT	SOPPART OF SERVI	CES FOR ALL MEDIC	CADDI INDIGENI		MON	THIV AVERA	GF
7,076 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
7,070 EEEGIBEE	OBLIND	OR DAYS OF CARE	HM HM HONE	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	280	746	47,465.94	\$ 63.63		169.52	
COMM HOSP INPATIENT TOTAL	9	21	27,658.47	1317.07	.003	3073.16	3.91
HSC HOSPITALS	5	14	20,000.00	1428.57	.002	4000.00	2.83
NON-HSC HOSPITALS TOTAL	4	7	7,658.47	1094.07	.001	1914.62	1.08
ACCOMMODATIONS	1			509.29	.001	891.25	.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	7	3,565.00	509.29	.001	891.25	.50
ALL OTHER ACCOM ANCILLARIES	'1 ∕I	7 0 0 7 0 0	4,093.47	.00	.000	1023.37	.58
INPATIENT CROSSOVERS	0	0	4,093.47	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	275	725	19,807.47	27.32	.102	72.03	2.80
MEDICAL	275	38	1,470.35	38.69	.102	50.70	.21
SURGERY	11	12	360.38	30.03	.003	32.76	.05
PATHOLOGY	61	225	2,193.66	9.75	.002	35.96	.05
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3,923.13

7,606.24

4,253.71

62.93 \$

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.000 \$

63.28

42.26

39.75

.00 \$

.55

1.07

.60

.01

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		62.93		.00	.000		.00		.01
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000		.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	1	Ś	32.80	\$	32.80	.000	Ś	32.80	Ś	.00
HOSPITAL BASED	1		•	32.80		32.80	.000		32.80		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	238	587	\$	5,495.02	\$	9.36	.083	Ś	23.09	Ś	.78
PATHOLOGY	238	587	•	5,495.02		9.36	.083		23.09		.78
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	427	808	\$	34,043.62	\$	42.13	.114	Ś	79.73	Ś	4.81
CLINIC	287	598	7	11,743.50	7	19.64	.085	7	40.92	т	1.66
SURGICENTER	3	14		525.40		37.53	.002		175.13		.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	137	196		21,774.72		111.10	.028		158.94		3.08
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RI	EPORT			DEC		PΔ	GE 18,156
MOP024	FEE-FOR-SERVICE		1110 11		DI OIKI	TOIL OILL	2001 111110	рцо	2001		03/14/05
YOLO COUNTY		ICES FOR ALL ME	DTCAL	LY INDIGENT							03/11/03
1010 000111	DOINGING OF DER	,1020 1010 1122 112	D I 011L				M	ОИТ	HLY AVERA	GE -	
7,076 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVEI	RAGE COST	UNITS/DAY		COST PER		OST PER
T, OTO EBICIBEE	ODLING	OR DAYS OF CAR					PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	281	1,944	\$	30,603.79		15.74	.275				4.33
DURABLE MED. EQUIP.	5	12	т.	1,317.77	Ψ	109.81	.002	т	263.55	т	.19
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	9	73		1,126.20		15.43	.010		125.13		.16
AMBULANCES/AIR TRANS	9	73		1,126.20		15.43	.010		125.13		.16
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	40	40		4,200.00		105.00	.006		105.00		.59
	40	40		•		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST OPTICIAN	86	186									.00
				1,544.76		8.31	.026		17.96		
PHYSICAL THERAPIST	2	20		294.15		14.71	.003		147.08		.04
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00

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LOCAL EDUCATION AGENCIES	139	916	11,266.70	12.30	.129		81.06	1.59
EPSDT SUPPLEMENTAL SERVICE	1	350	10,293.50	29.41	.049	1	.0293.50	1.45
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	2	345	492.25	1.43	.049		246.13	.07
@CALIF. CHILDREN SERVICES*	52	257	\$ 33,441.36	\$ 130.12	.036	\$	643.10	\$ 4.73
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,157 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY	SUMMARY OF SERVIC	ES FOR REI	NAL DI	IALYSIS		AI	D CODES	71				, ,
								MC	ONT	HLY AVERA	GE ·	
24 ELIGIBLES	USERS U	NITS OF SE	RVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAYS	3 (COST PER	(COST PER
		OR DAYS OF	CARE			PER U	NIT/DAY	PER ELIG		USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	1		0	\$	823.53	\$.00	.000	\$	823.53	\$	34.31
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000	Ş		\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0	_	.00	_	.00	.000	_	.00	_	.00
@DENTIST	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS - DIAGNOSTIC	U		0		.00		.00	.000		.00		.00
ORAL SURGERY	Ü		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MONTH	-OF-PAYMENT REPORT	FOR JAN 200	4 THRU D	EC 2004	PAGE 18,158
MOP024	FEE-FOR-SERVICE/DENT	TAL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR RENAL DIALYSIS		AID CODES 71			
					MO	NTHLY AVERAG	E

							M			GΕ	
24 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	0	\$	823.53	\$.00	.000	\$	823.53	\$	34.31
HOSP INPATIENT TOTAL	1	0		823.20		.00	.000	•	823.20	•	34.30
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		823.20		.00	.000		823.20		34.30
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.33		.00	.000		.00		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.33		.00	.000		.00		.01
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	•	.00	•	.00
HSC HOSPITALS	Ō	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ó	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	Ō	0		.00		.00	.000		.00		.00
	•	-									

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MONTH	H-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 18,159
MOP024	FEE-FOR-SERVICE/							03/14/05
YOLO COUNTY	SUMMARY OF SERVI	CES FOR RENAL D	IALYSIS		AID CODES			
						MON		
24 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	0	\$	823.53	\$.00	.000 \$		•
COMM HOSP INPATIENT TOTAL	1	0		823.20	.00	.000	823.20	34.30
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		823.20	.00	.000	823.20	34.30
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.33	.00	.000	.00	.01
MEDICAL	0	0		.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.33		.00	.000		.00		.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-C	F-PAYMENT RE	EPORT	FOR JAN 20	04 THRU	DEC	2004	PAC	GE 18,160
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	RENAL	DIALYSIS		Ž	AID CODES 7					
						_	M	IONTF	ILY AVERA	GE	

					MON	THLY AVERA	GE
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 823.20	\$.00	.000	\$ 823.20	\$ 34.30

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,161 FEE-FOR-SERVICE/DENTAL

03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

					MONT	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
	0		0	\$.00	\$.00		\$.00	\$.00
@DENTIST				Ą		Ą			Ą		Ą	
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	•		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXE	PENDIT	URES MO	ONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	004 THRU	DEC	2004	P	AGE 18,162
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL	PARENT	TERAL NUTRITION		AID CODES	73				
								M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CA	RE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000	•	.00	•	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś	.00	\$.00	.000	Ś	.00	\$.00
MEDICINE/INJECTIONS	0		0	Y	.00	٧	.00	.000	7	.00	7	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	Ş S	.00
	0		0	ې د		۶ \$						
FAMILY NURSE PRACTITIONER	0		0	ş S	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	0		0	P	.00	Ş	.00	.000	Þ	.00	\$.00
HOSP INPATIENT TOTAL	ŭ		-		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ATT OPUED INDAPTEME	Ō		0		0.0		$\cap \cap$	$\cap \cap \cap$		0.0		$\cap \cap$

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ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0					
ADMINISTRATIVE DAYS	•	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES N					PAGE 18,163
MOP024	FEE-FOR-SERVICE						03/14/05
YOLO COUNTY		ICES FOR TOTAL PARE	MTERAL MUTRITION	AID CODES	73		03/11/03
TODO COUNTI	DOIMMING OF BEING		VILIUM NOTIVITION	TIID CODEO	MONT	HIV AVERAC	F
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 HHICIDHHO	OSERS	OR DAYS OF CARE	EM EMBITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	-
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 \$.00	.00
	0	0	.00			.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		
NON-HSC HOSPITALS TOTAL	0			.00	.000	.00	.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	U	U P	.00	٠٠٠	٠٠٠٠ ٦	. 00	· · · · · ·
	<u> </u>	Λ	0.0	0.0	0.00	0.0	0.0
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00

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LEV B-REGULAR

ICF DDH

ICF DD

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	PENDITUE	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PF	AGE 18,164
												- · , ·
MOP024	FEE-FOR-SERVICE/D	ENTAL										03/14/05
MOP024 YOLO COUNTY		ENTAL			ERAL NUTRITION		AID CODES					
YOLO COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVICE	ENTAL ES FOR	TOTAL E	PARENT	ERAL NUTRITION		AID CODES	73 M		HLY AVERA	GE -	03/14/05
	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR UNITS OF	TOTAL E	PARENT E		AVE	AID CODES	73 M UNITS/DAY	S	COST PER	GE -	03/14/05 COST PER
YOLO COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR	TOTAL E	PARENT E	TERAL NUTRITION EXPENDITURES	AVE	AID CODES RAGE COST UNIT/DAY	73 M UNITS/DAY PER ELIG	S	COST PER USER	GE - C E	03/14/05 COST PER
YOLO COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR UNITS OF	TOTAL E	PARENT E	TERAL NUTRITION EXPENDITURES .00	AVE	AID CODES RAGE COST UNIT/DAY .00	73 M UNITS/DAY PER ELIG .000	S	COST PER USER .00	GE -	03/14/05 COST PER CLIGIBLE .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR UNITS OF	TOTAL E	PARENT E	EXPENDITURES .00 .00	AVE	AID CODES RAGE COST UNIT/DAY .00 .00	73 M UNITS/DAY PER ELIG .000 .000	S	COST PER USER .00	GE - C E	03/14/05 COST PER ELIGIBLE .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR UNITS OF	TOTAL E	PARENT E	EXPENDITURES .00 .00 .00	AVE	AID CODES RAGE COST . UNIT/DAY .00 .00 .00	73 M UNITS/DAY PER ELIG .000 .000	S	COST PER USER .00 .00	GE - C E	03/14/05 COST PER ELIGIBLE .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR UNITS OF	TOTAL E	PARENT E	EXPENDITURES .00 .00 .00 .00	AVE	AID CODES RAGE COST . UNIT/DAY .00 .00 .00 .00	73 M UNITS/DAY PER ELIG .000 .000 .000	S	COST PER USER .00 .00 .00	GE - C E	03/14/05
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR UNITS OF	TOTAL E	PARENT E	EXPENDITURES .00 .00 .00 .00 .00 .00	AVE	AID CODES RAGE COST . UNIT/DAY .00 .00 .00 .00 .00	73 M UNITS/DAY PER ELIG .000 .000 .000 .000	S	COST PER USER .00 .00 .00 .00	GE - C E	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR UNITS OF	TOTAL E	PARENT E	EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE	AID CODES RAGE COST . UNIT/DAY .00 .00 .00 .00 .00 .00	73 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	S	USER	GE - C E	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR UNITS OF	TOTAL E	PARENT E	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE	AID CODES RAGE COST . UNIT/DAY .00 .00 .00 .00 .00 .00 .00	73 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S	USER	GE - C E	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR UNITS OF	TOTAL E	PARENT E	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	AID CODES RAGE COST . UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	73 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	S	USER	GE - C E	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR UNITS OF	TOTAL E	PARENT E	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE	AID CODES RAGE COST . UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	73 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	USER	GE - C E	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR UNITS OF	TOTAL E	PARENT E	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	AID CODES RAGE COST . UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	73 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	S	USER	GE - C E	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00

0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	.00		.00	.000	.0	0	.00
0	0	\$.00	\$.00	.000	\$.0	0 \$.00
0	0	\$.00	\$.00	.000	\$.0	0 \$.00
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 .00 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 .00 0	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0	0 0 .00 .00 .00	0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,165
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE 0 @TOTAL, ALL PROVIDERS .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 \$.00 .00 OUTPATIENT VISITS .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 CRITICAL CARE .00 .000 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .000 DIALYSIS .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 PSYCHIATRY .00 .000 .00 .00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan 20	004 THRU DEC	2004	PAGE 18,166

MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

OPTOMETRIST OF HEALTH SERV THE SERVICE SAND EXPENDITURES MONTH OF FAIMENT REPORT FOR SAN 2004 THRO DEC 20

00 ETIGIDHES	USEKS	ONITS OF SERVICE	EVEENDIIOVES			ONIIS/DAI	3	COSI FER		COSI FER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	J	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DEC	2004	PAGE 18,167
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIE	NS AID C	CODES 51 52 56	57		
					MONT	HIV AVERAG	F

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITUE	RES MONTH-C	F-PAYMENT R	EPORT	FOR JAN 2004	THRU	DEC 20	04	PA	GE 18,168
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	IRCA Al	LIENS	AID	CODES	51 52 56 57					
							N	IONTHLY	AVERA	GE -	

					MONT	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,169 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

1020 000111	20111111111 01 0111			0022 00 00 01	MONT	THIY AVERAG	F
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
03 221012220	00210	OR DAYS OF CARE	2111 2113 1 1 0 1 1 2 2	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	83	136 \$	8,170.86	\$ 60.08	15.111 \$		\$ 907.87
@PHYSICIANS SERVICES	1	1 \$	37.73	\$ 37.73	.111 \$		\$ 4.19
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000	. (0	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	. (0	.00
DIALYSIS	0	0		.00		.00	.000	. (0	.00
PATHOLOGY	0	0		.00		.00	.000	. (0	.00
RADIOLOGY	1	1		37.73		37.73	.111	37.	3	4.19
PSYCHIATRY	0	0		.00		.00	.000	. (0	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	. (0	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	. (0	.00
@PHARMACY	5	8	\$	2,707.84	\$	338.48	.889	\$ 541.5	7 \$	300.87
PRESCRIPTION DRUGS	5	8		2,707.84		338.48	.889	541.5	7	300.87
SNF/ICF	0	0		.00		.00	.000	. (0	.00
OUTPATIENTS	5	8		2,707.84		338.48	.889	541.5	7	300.87
MEDICAL SUPPLIES	0	0		.00		.00	.000	. (0	.00
@DENTIST	24	56	\$	695.00	\$	12.41	6.222	\$ 28.9	6 \$	77.22
VISITS - DIAGNOSTIC	18	43		374.00		8.70	4.778	20.	8	41.56
ORAL SURGERY	2	2		85.00		42.50	.222	42.5	0	9.44
DRUGS	0	0		.00		.00	.000	. (0	.00
ANESTHESIA	0	0		.00		.00	.000	. (0	.00
PERIODONTICS	5	4		236.00		59.00	.444	47.2	:0	26.22
ENDODONTICS	2	2		.00		.00	.222	. (0	.00
RESTORATIVE DENTISTRY	1	2		.00		.00	.222	. (0	.00
PROSTHETICS	0	0		.00		.00	.000	. (0	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	. (0	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	. (0	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	. (0	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	. (0	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	. (.00
ALL OTHER SERVICES	3	3		.00		.00	.333	. (0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MON	TH-OF-PAYMENT REI	PORT	FOR JAN	2004 THRU	DEC 2004		PAGE 18,170
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05

1020 0001111	0011111111 01 01111101	20 2010 112/1110 1		010 1112	0022	00 00 01					
							Mo	TNC	HLY AVERA	GE	
09 ELIGIBLES	USERS UI	NITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	(OR DAYS OF CARE	3		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	19	19	\$	812.58	\$	42.77	2.111	\$	42.77	\$	90.29
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

YOLO COUNTY

ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	19	19			812.58		42.77	2.111		42.77		90.29
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	1	1			82.47		82.47	.111		82.47		9.16
ROOM USE	1	1			34.65		34.65	.111		34.65		3.85
CROSSOVERS/ALL OTH OUTPINT	17	17			695.46		40.91	1.889		40.91		77.27
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES	MONTH-OF	-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC 2	2004	PA	GE 18,171
MOP024	FEE-FOR-SERVICE/DENTAL											03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	MI/MN	ALIE	EN WITHOUT	SIS AID (CODE	55 58 5F					
								T. /I		77 77 77 77	CE	

	OST PER LIGIBLE 90.29
OR DAYS OF CARE	LIGIBLE 90.29
@COMMUNITY HOSPITAL TOTAL 19 19 \$ 812.58 \$ 42.77 2.111 \$ 42.77 \$ COMM HOSP INPATIENT TOTAL 0 0 .00<	90.29
COMM HOSP INPATIENT TOTAL 0 0 .00	
HSC HOSPITALS 0 0 .00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00	
ACCOMMODATIONS 0 0 0 0.00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 0 0 0 00 00 00 00 00 00 00 100 100	.00
TRANSITIONAL IP CARE 0 0 .00 <td>.00</td>	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 ANCILLARIES 0 0 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
	.00
COMM HOSP OUTPATIENT TOTAL 19 19 812.58 42.77 2.111 42.77	90.29
MEDICAL 0 0 .00 .00 .00 .00	.00
SURGERY 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 .00 .00 .00 .00 .00	.00
RADIOLOGY 1 1 82.47 82.47 .111 82.47	9.16
ROOM USE 1 1 34.65 34.65 .111 34.65	3.85
CROSSOVERS/ALL OTH OUTPTNT 17 17 695.46 40.91 1.889 40.91	77.27
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00

DEVELOP. DISABLED 0 0 .00 .00 .00 .00	.00
• • • • • • • • • • • • • • • • • • •	• 0 0
@NURSING FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00	.00
LEV B-REHAB MD 0 0 .00 .00 .00 .00	.00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00	.00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00	.00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
LEV B-REGULAR 0 0 .00 .00 .00 .00	.00
@INTERMEDIATE CARE FACILDD	.00
ICF DDH 0 0 .00 .00 .00 .00	.00
ICF DD 0 0 .00 .00 .00 .00	.00
ICF DDN/DDCN 0 0 .00 .00 .00 .00	.00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00	.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00	.00
@LABORATORY FACILITY 1 3 \$ 18.21 \$ 6.07 .333 \$ 18.21 \$	2.02
PATHOLOGY 1 3 18.21 6.07 .333 18.21	2.02
XO AND OTHERS 0 0 .00 .00 .00 .00	.00
@ORGANIZED OUTPATIENT CLINIC 3 16 \$ 434.50 \$ 27.16 1.778 \$ 144.83 \$	48.28
CLINIC 1 13 257.50 19.81 1.444 257.50	28.61
SURGICENTER 0 0 0 .00 .00 .00 .00	.00
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00	.00
RURAL HEALTH CLINIC 2 3 177.00 59.00 .333 88.50	19.67
	AGE 18,172
MOP024 FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F	

TOTO COONTI	SOUTHWILL OF SELV	ATCES LOW MILLIN METER	WIIIIOOI SIS AID	CODE 33 36 3E			
					MON	THLY AVERAG	E
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	33 \$	3,465.00	\$ 105.00	3.667 \$	105.00	\$ 385.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	33	33	3,465.00	105.00	3.667	105.00	385.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,173
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

	ST PER IGIBLE
	IGIBLE
OR DAVIG OF CARE	-
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER EL	
@TOTAL, ALL PROVIDERS 41 393 \$ 157,358.89 \$ 400.40 .000 \$ 3838.02 \$.00
@PHYSICIANS SERVICES 0 0 \$.00 \$.00 \$.00 \$.00
OUTPATIENT VISITS 0 0 0 .00 .00 .00 .00	.00
OFFICE VISITS 0 0 0 .00 .00 .00 .00	.00
HOME VISITS 0 0 0 .00 .00 .00 .00	.00
EMERGENCY ROOM 0 0 .00 .00 .00 .00	.00
PREVENTIVE CARE 0 0 0 .00 .00 .00 .00	.00
OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00	.00
OTHER OUTPATIENT 0 0 .00 .00 .00 .00 .00	.00
INPATIENT VISITS 0 0 .00 .00 .00 .00 .00	.00
HOSPITAL VISITS 0 0 0 .00 .00 .00 .00	.00
CRITICAL CARE 0 0 0 .00 .00 .00 .00	.00
SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00	.00
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00	.00
EXAMINATIONS 0 0 .00 .00 .00 .00	.00
SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
OUTPATIENT SURGERY 0 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
DIALYSIS 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 0 0 .00 .00 .00 .00	.00
PSYCHIATRY 0 0 0 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00	.00
OTHER SERVICES/ALL X-OVERS 0 0 .00 .00 .00 .00	.00
@PHARMACY 1 1 \$ 292.17 \$ 292.17 .000 \$ 292.17 \$.00
PRESCRIPTION DRUGS 1 1 292.17 292.17 .000 292.17	.00
SNF/ICF 0 0 .00 .00 .00 .00	.00
OUTPATIENTS 1 1 292.17 292.17 .000 292.17	.00
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00	.00
@DENTIST 27 139 \$ 9,153.00 \$ 65.85 .000 \$ 339.00 \$.00
VISITS - DIAGNOSTIC 13 56 1,398.00 24.96 .000 107.54	.00
ORAL SURGERY 2 2 220.00 110.00 .000 110.00	.00
DRUGS 0 0 .00 .00 .00 .00	.00
ANESTHESIA 0 0 .00 .00 .00 .00	.00

	_		_									
PERIODONTICS	5		5		311.00		62.20	.000		62.20		.00
ENDODONTICS	8		16		2,806.00		175.38	.000		350.75		.00
RESTORATIVE DENTISTRY	17		59		4,368.00		74.03	.000		256.94		.00
PROSTHETICS	1		1		50.00		50.00	.000		50.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EX	PENDITUE	RES	MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 18,174
MOP024	FEE-FOR-SERVICE/	DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVI	CES FOR	REFUGEE	S	AID	CODES	01 02 08	0A				
								Mo	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	3		PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
NURSE ANESTHESIST	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE MIDWIFE	0		Ô	Ś	.00	Ś	.00	.000	Š	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
IDDINING NONDE INVICTITIONEN	•		O	~	• 0 0	~	• 0 0	•000	~	• 0 0	~	• 0 0

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0	.00	.00	.000	.00	.00
HOSP INPATIENT TOTAL	0						
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ô	Û	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 18,175
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
YOLO COUNTY	SUMMARY OF SERV	VICES FOR REFUGEES	AID (CODES 01 02 08	0A		
					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
00 221012220	00210	OR DAYS OF CARE	2111 2113 1 1 0 1 1 2 2	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		.00		.000 \$		
•				•	•		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Û	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	0	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	-	•	. , ,				

SURGERY	0	0		.00		.00	.000	.0)	.00
PATHOLOGY	0	0		.00		.00	.000	.0)	.00
RADIOLOGY	0	0		.00		.00	.000	.0)	.00
ROOM USE	0	0		.00		.00	.000	.0)	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.0)	.00
@STATE HOSPITAL	8	243	\$	147,799.27	\$	608.23	.000	\$ 18474.9		.00
MENTALLY ILL	0	0	-	.00	т.	.00	.000	.0		.00
DEVELOP. DISABLED	8	243		147,799.27		608.23	.000	18474.9		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.0		.00
	0	0	Ą		۲		.000	.01		
LEV A-INTERMEDIATE	0	0		.00		.00				.00
LEV B-REHAB MD	0	0		.00		.00	.000	.0		.00
LEV B-SUBACUTE FREESTANDING	U	•		.00		.00	.000	.0		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	. 0		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0		.00
LEV B-REGULAR	0	0		.00		.00	.000	.0		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.0		.00
ICF DDH	0	0		.00		.00	.000	. 0		.00
ICF DD	0	0		.00		.00	.000	.0)	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.0)	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.0) \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.0)	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.0)	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.0) \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.0)	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.0)	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.0		.00
PATHOLOGY	0	Ö		.00		.00	.000	.0		.00
XO AND OTHERS	0	0		.00		.00	.000	.0		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.0		.00
CLINIC	0	0	Τ	.00	Τ	.00	.000	.0		.00
SURGICENTER	0	0		.00		.00	.000	.0		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.0		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.0		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	-	DEC N							PAGE 18,176
		FENDIION	(ES I	MONIH-OF-FAIMENI K	CEFORI	FOR JAN 2	2004 1110	DEC 2004		
MOP024	FEE-FOR-SERVICE/DENTAL	DEFLICE	10	7.10	CODEC	01 00 00	0.70			03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	REFUGEE	12	AID	CODES	01 02 08		ONITILE ASSET	7 C E	
00 81 1618186	HOEDO INTEGOR	annii an	,		7.7.7	DAGE GOOD		IONTHLY AVE		
00 ELIGIBLES	USERS UNITS OF			EXPENDITURES		RAGE COST			<	COST PER
0.1.1. 0.00000 DD000000000		OF CARE		114 45		UNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	5	10	\$	114.45	\$	11.45	.000	•		.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.0		.00
BLOOD BANK	0	0		.00		.00	.000	.0		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.0		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.0		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.0		.00
OTHER TRANS	0	0		.00		.00	.000	.0		.00
OTHER SERVICES	0	0		.00		.00	.000	.0		.00
ACUPUNCTURE	0	0		.00		.00	.000	.0		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.0		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.0		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.0		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.0)	.00
OPTICIAN	5	10		114.45		11.45	.000	22.8	9	.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.0)	.00
PORTABLE X-RAY	0	0		.00		.00	.000	.0)	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.0)	.00

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 \$.00 \$	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .000 .000 0 0 .00 .000 .000 0 0 .00 .000 .000	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .000 .000 0 0 \$.00 .000 .000	0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00	0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 \$.00 .000 .000 .000 .000 0 0 \$.00 .000 .000 .000 .000

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,177 FEE-FOR-SERVICE/DENTAL

03/14/05

SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P YOLO COUNTY

YOLO COUNTY	SUMMARY OF SERV	TICES FOR BUCTP-FEDERAL	Al	ID CODES UM UN			
					MON'		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	15	43 \$	2 , 363.95	\$ 54.98	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	3	3 \$	109.15	\$ 36.38	.000 \$	36.38	\$.00
PRESCRIPTION DRUGS	3	3	109.15	36.38	.000	36.38	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	3	109.15	36.38	.000	36.38	.00

MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	9		\$	1,970.00	\$	59.70	.000	\$	218.89	\$.00
VISITS - DIAGNOSTIC	5	19	·	169.00		8.89	.000		33.80		.00
ORAL SURGERY	1	1		85.00		85.00	.000		85.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		260.00		260.00	.000		260.00		.00
RESTORATIVE DENTISTRY	4	9		506.00		56.22	.000		126.50		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	3		950.00		316.67	.000		475.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	ŭ	ES AND EXPENDITURE	S MONTE		REPOR')F.C		PZ	AGE 18,178
MOP024	FEE-FOR-SERVICE		101111	. 01 1111111111111111111111111111111111	CEI OIC	1 1010 01110 2	2001 111110 1		2001		03/14/05
YOLO COUNTY	SUMMARY OF SERV		DERAT.	Z	ATD C	ODES OM ON	ΛP				03/11/03
TODO COOMIT	DOIMMING OF BEING	TODO TOR DOCTI TE		1	110 0	JDDB OII ON	MO	ידעכ	HIY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΔV	ERAGE COST			COST PER		COST PER
00 EETCIBEE	05210	OR DAYS OF CARE		DITE BIVD I TOTALO		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		\$.00	\$.00		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	т	.00	т	.00	.000	т	.00	Τ	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	•	\$.00	\$.00	.000	\$		\$.00
VISITS	0	0	т	.00	т	.00	.000	т	.00	Τ	.00
OTHER SERVICES	0	Õ		.00		.00	.000		.00		.00
@PODIATRIST	0		\$.00	Ś	.00	.000	Ś	.00	\$.00
MEDICINE/INJECTIONS	0	0	۲	.00	Υ	.00	.000	Ψ	.00	Ψ	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	•	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Š	.00	\$.00	.000	Ś	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	Õ	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSP INPATIENT TOTAL	0	0	۲	.00	Υ	.00	.000	Ψ	.00	Ψ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
TIVINOTITONATI TE CAUE	U	U		.00		.00	.000		.00		.00

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ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPINT	0	Λ	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0 4	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	VDENDITUIRES MONT					PAGE 18,179
MOP024	FEE-FOR-SERVICE/DENTAL	VERNOTIONES MONI	II OF FAIMENT NE	JEONI FOR UAN 2	OLC OMIT POOL	2004	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	BCCTD_FFDFDXI	λТ	D CODES OM ON	ΛÞ		03/14/03
IOLO COONII	SOMMAKI OF SERVICES FOR	DCCIE FEDERAL	VI	D CODES ON ON	MONT	UIV NUEDNO	'E'
00 ELIGIBLES	USERS UNITS O	F SERVICE	EXPENDITURES	AVERAGE COST		GOST PER	COST PER
00 EHIGIBLES		S OF CARE	EVERNOTIONES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	OK DAI	0 \$.00	\$.00	.000 \$.00	_
COMM HOSP INPATIENT TOTAL	0	0 5	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INANSIIIONAL IF CARE	U	U	.00	.00	.000	.00	.00

				0.0		0.0	0.1		0.0		0.0
ALL OTHER ACCOM	0	0		.00		.00	.00		.00		.00
ANCILLARIES	0	0		.00		.00	.00		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.00		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.00	0 (.00		.00
MEDICAL	0	0		.00		.00	.00	0 (.00		.00
SURGERY	0	0		.00		.00	.00	0 (.00		.00
PATHOLOGY	0	0		.00		.00	.00	0 (.00		.00
RADIOLOGY	0	0		.00		.00	.00	0 (.00		.00
ROOM USE	0	0		.00		.00	.00	0 (.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.00		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00		0 \$.00	Ś	.00
MENTALLY ILL	0	0	4	.00	7	.00	.00		.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.00		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		0 \$.00	Ġ	.00
LEV A-INTERMEDIATE	0	0	Ÿ	.00	Ÿ	.00	.00		.00	Y	.00
	0	0		.00		.00	.00		.00		.00
LEV B-REHAB MD	0	0				.00					
LEV B-SUBACUTE FREESTANDING		•		.00			.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	Ü	0		.00		.00	.00		.00		.00
LEV B-REGULAR	0	0		.00		.00	.00		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		0 \$.00	Ş	.00
ICF DDH	0	0		.00		.00	.00		.00		.00
ICF DD	0	0		.00		.00	.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		0 \$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.00	0 (.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.00	0 (.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.00	0 \$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.00	0 (.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.00	0 (.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.00	0 \$.00	\$.00
PATHOLOGY	0	0		.00		.00	.00	0 (.00		.00
XO AND OTHERS	0	0		.00		.00	.00	0 (.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	216.00	\$	216.00	.00	00 \$	216.00	\$.00
CLINIC	0	0	·	.00	·	.00	.00		.00		.00
SURGICENTER	0	0		.00		.00	.00		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.00		.00		.00
RURAL HEALTH CLINIC	1	1		216.00		216.00	.00		216.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	_	RES MONT		REPORT					P.	AGE 18,180
MOP024	FEE-FOR-SERVICE/		110111	01 11111111111111111111111111111111	CDI OICI	1010 01110	2001 1111	.о вы	2001		03/14/05
YOLO COUNTY	SUMMARY OF SERVI		FEDERAI.	Σ	ATD CO	DES OM ON	ΛP				03/11/03
TODO COONTI	SOMMAN OF SERVI	CES FOR DCCII	LEDEKAL	r.	IID CO	DES ON ON		- MON	THLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	r.	EXPENDITURES	ΔVF	RAGE COST				-	COST PER
00 FFIGIPLES	USEKS	OR DAYS OF CAR		EVLENDIIOVES		UNIT/DAY			USER		ELIGIBLE
ANII OMUED DDOMIDEDO	2			68.80		11.47		00 \$	22.93		
@ALL OTHER PROVIDERS	3 0	6 0	\$		\$					Ą	.00
DURABLE MED. EQUIP.	0	0		.00		.00					.00
BLOOD BANK	U	U		.00		.00	.00		.00		.00
HEARING AID DISPENSERS	U	U		.00		.00	.00		.00		.00
MEDICAL TRANSPORTATION	U	U		.00		.00	.00		.00		.00
AMBULANCES/AIR TRANS	U	0		.00		.00	.00		.00		.00
OTHER TRANS	0	0		.00		.00	.00		.00		.00
OTHER SERVICES	0	0		.00		.00	.00		.00		.00
ACUPUNCTURE	0	0		.00		.00	.00		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.00		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.00	0 (.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	68.80	11.47	.000	22.93	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,181 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3	3 \$	104.24	\$ 34.75	.000 \$	34.75	\$.00
@PHYSICIANS SERVICES	2	2 \$	104.24	\$ 52.12	.000 \$	52.12	\$.00
OUTPATIENT VISITS	1	1	18.10	18.10	.000	18.10	.00
OFFICE VISITS	1	1	18.10	18.10	.000	18.10	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	86.14	86.14	.000	86.14	.00
PRINCIPAL SURGEON	1	1	86.14	86.14	.000	86.14	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 18,182
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

IOLO COUNTI	SOMMAKI OF SEKVICES	FOR BCCIF-	SIAIE-O	NLI AID	CODES	01 00	0 V			
							MON	ITHLY AVERA	.GE	
00 ELIGIBLES	USERS UNI	TS OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
	OR	DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DEC	2004	PAGE 18,183
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	BCCTP-STA	TE-ONLY AID	CODES OR OT OU	0V		
					MONT	HLY AVERAG	E
OO ELICIBLES	TICEDO INTECOE	CEDITA	EADEMDIMIDEC	ATTEDACE COCH	I INTERC / DAVC	COCH DED	COCH DED

					MON'I	'HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR:	ES MONTH-	OF-PAYMENT RI	EPORT F	OR JAN 2	2004 THRU	DEC 2004	P	AGE 18,184
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FO	R BCCTP-S'	TATE-ONLY	AID	CODES 0	R OT OU	0V			
							M	ONTHLY AVER	AGE ·	
00 ELIGIBLES		OF SERVICE	E	XPENDITURES			UNITS/DAY	S COST PER	(COST PER
	OR DA	YS OF CARE			PER U	NIT/DAY	PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	•	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,185
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

					MO	NTHLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	18	46	\$ 2,468.19	\$ 53.66	.000	\$ 137.12	\$.00
@PHYSICIANS SERVICES	2	2	\$ 104.24	\$ 52.12	.000	\$ 52.12	\$.00
OUTPATIENT VISITS	1	1	18.10	18.10	.000	18.10	.00
OFFICE VISITS	1	1	18.10	18.10	.000	18.10	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	86.14	86.14	.000	86.14	.00
PRINCIPAL SURGEON	1	1	86.14	86.14	.000	86.14	.00

						I	TION	HLY AVERA	GE	
YOLO COUNTY	SUMMARY OF SERVICES FOR	BCCTP-	TOTAL							/ / 00
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDĪTU	RES MON				DEC		PAG	E 18,186
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	Ö	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	2	3		950.00	316.67	.000		475.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	± 5	10		506.00	50.60	.000		101.20		.00
ENDODONTICS	1	1		260.00	260.00	.000		260.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
DRUGS	0	0		.00	.00	.000		.00		.00
ORAL SURGERY	1	1 J		85.00	85.00	.000		85.00		.00
VISITS - DIAGNOSTIC	5	19	Ą	169.00	8.89	.000	Ų	33.80	Ą	.00
@DENTIST	10	34	\$	1,970.00	\$ 57.94	.000	Ś	197.00	Ċ	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	0	2		109.15	36.38	.000		36.38		.00
SNF/ICF	0	5		.00	.00	.000		.00		.00
@PHARMACY PRESCRIPTION DRUGS	3	3	\$	109.15 109.15	\$ 36.38 36.38	.000	\$	36.38 36.38	Ą	.00
OTHER SERVICES/ALL X-OVERS	U	0	ć	.00	.00	.000	Ċ	.00	Ċ	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	U	U		.00	.00	.000		.00		.00

						M	ON.T.	HLY AVERA	ŒE;	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 18,187
MOP024	FEE-FOR-SERVICE/DE	INTAL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICE	S FOR BCCTP-TOTAL					
					MONT	HLY AVERA	GE
00 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
3310777737770	0	•	0.0	0.0	0.00	0.0	0.0

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ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY ROOM USE

@STATE HOSPITAL

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPINT

ALL OTHER INPATIENT

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MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	Ś	.00
LEV A-INTERMEDIATE	0		0	7	.00	7	.00	.000	т.	.00	т.	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B KEHAB MD LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0									
LEV B-REGULAR	0		-	<u>^</u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@INTERMEDIATE CARE FACILDD	U		0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$		\$.00
PATHOLOGY	0		0		.00		.00	.000	•	.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1		1	Ś	216.00	\$	216.00	.000	\$		\$.00
CLINIC	0		0	۲	.00	Y	.00	.000	٧	.00	7	.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1		1		216.00		216.00	.000		216.00		.00
		DO AND DUDEN		70 10					DE 6		Б.	
#CALIF DEPT OF HEALTH SERV			DITURE	is MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 18,188
MOP024	FEE-FOR-SERVICE	•										03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR BO	CTP-TC)'I'AL				3.4	O 3.T III I		C.T.	
00 81 1018180	Harba	IDITED OF SE	DIZECE			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7		M				
00 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
CALL OWNED DDONIEDDG	2	OR DAYS OF		Ċ	60.00			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	3		6	\$	68.80	\$	11.47	.000	Ş	22.93	Ş	.00
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	3		6		68.80		11.47	.000		22.93		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
ORTHOTICS	0		0		.00		.00	.000		.00		.00
DEVCHOLOCIET	0		0		.00		.00	.000		.00		.00

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HOSPICE SERVICES

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PSYCHOLOGIST

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
0.1 -0	0 3 0ED3D3EE :						

^{0*} Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,189
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

							M	ONTH:	LY AVERA	GΕ	
49 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE	E COST	UNITS/DAY	S C	OST PER		COST PER
		OR DAYS OF CARE			PER UNI	T/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	151	140 \$	3	107,862.99	\$ 770	0.45	2.857	\$	714.32	\$	2201.29
@PHYSICIANS SERVICES	10	11 \$	3	239.29	\$ 21	L.75	.224	\$	23.93	\$	4.88
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	11		239.29	21.75	.224	23.93	4.88
@PHARMACY	1	4	\$	19.83	\$ 4.96	.082	\$ 19.83	\$.40
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	1	4		19.83	4.96	.082	19.83	.40
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-C	OF-PAYMENT REE	PORT FOR JAN	2004 THRU I	DEC 2004	PAGE 18,190
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	QMB - ON	LY		AID COD			
						MC	NTHLY AVERA	GE

49 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0		\$.00	\$.00	.000 \$		\$.00	
@TOTAL HOSPITAL	44	113	\$	31,001.12	\$	274.35	2.306 \$	704.57	\$	632.68	
HOSP INPATIENT TOTAL	44 29	0		28,751.43		.00	.000	991.43		586.76	
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00	
ACCOMMODATIONS	0	0 0 0 0		.00		.00	.000	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00	
ANCILLARIES	0	0		.00		.00	.000	.00		.00	
INPATIENT CROSSOVERS	29	0		.00 28,751.43		.00	.000	991.43		586.76	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00	
HOSP OUTPATIENT TOTAL	15	113		2,249.69		19.91	2.306	149.98		45.91	
MEDICAL	0	0		.00		.00	.000	.00		.00	
SURGERY	0	0		.00		.00	.000	.00		.00	
PATHOLOGY	0	0		.00		.00	.000	.00		.00	
RADIOLOGY	0	0		.00		.00	.000	.00		.00	
ROOM USE	0	0		.00		.00	.000	.00		.00	
CROSSOVERS/ALL OTH OUTPINT	15	113		2,249.69		19.91	2.306	149.98		45.91	
@COUNTY HOSPITAL TOTAL	0		\$	818.41	\$.00	.000 \$		Ś	16.70	
CO HOSPITAL INPATIENT TOTAL	· · · · · · · · · · · · · · · · · · ·	0	т	818.41	т	.00			Τ.	16.70	
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00	
ACCOMMODATIONS	0	0		.00		.00	000	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00				.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00	
ANCILLARIES	0	0		.00		.00	.000	.00		.00	
INPATIENT CROSSOVERS	0	0		818.41		.00	.000 .000 .000 .000	.00		16.70	
	0	0		.00		.00	.000	.00		.00	
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00	
MEDICAL	0	0		.00		.00	.000	.00		.00	
	0	0		.00		.00	.000	.00		.00	
SURGERY	0	0		.00		.00		.00		.00	
PATHOLOGY	0	0		.00			.000	.00			
RADIOLOGY	0	0				.00	.000	.00		.00	
ROOM USE	· ·	-		.00							
CROSSOVERS/ALL OTH OUTPTNT	•	0	G MON	.00	- DOD	.00	.000	.00	Б	.00	
#CALIF DEPT OF HEALTH SERV			S MOI	NTH-OF-PAYMENT RE	SPOR.	r for Jan 2	2004 THRU DE	C 2004	P	AGE 18,191	
MOP024	FEE-FOR-SERVICE/DENT						0.0			03/14/05	
YOLO COUNTY	SUMMARY OF SERVICES	FOR QMB - ON	LΥ			AID CODE			C T		
40 51 16151 56		a an anniinan			3.7.77		MON				
49 ELIGIBLES				EXPENDITURES			UNITS/DAYS			COST PER	
0.0000000000000000000000000000000000000	OR 44	DAYS OF CARE	<u>^</u>	20 100 71		R UNIT/DAY				ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	44 29		\$	30,182.71	Ş	267.10	2.306 \$		Ş	615.97	
		0		27,933.02		.00	.000	963.21		570.06	
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00	
NON-HSC HOSPITALS TOTAL	U	0 0 0 0		.00		.00	.000	.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00	
ANCILLARIES	0	U		.00		.00	.000	.00		.00	
INPATIENT CROSSOVERS	29	0		27 , 933.02		.00	.000	963.21		570.06	
ATT OHIED TNDAHTENH	\cap	^		0.0		0.0	0.00	0.0		0.0	

113

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19.91

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2.306

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149.98

.00

.00

45.91

.00

.00

2,249.69

.00

MEDICAL

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

0

15

0

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	15	113		2,249.69		19.91	2.306		149.98		45.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	103	0	\$	76,532.70	\$.00	.000	\$	743.04	\$	1561.89
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	103	0		76,532.70		.00	.000		743.04		1561.89
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 20	004 THRU	DEC	2004	P	AGE 18,192
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	QMB -	ONLY			AID CODE 8	80				
						-	M	ONTI	HLY AVERA	GE	

					MONITEL AVENAGE					
49 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@ALL OTHER PROVIDERS	3	12 \$	70.05	\$ 5.84	.245 \$	23.35	\$ 1.43			
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00			
BLOOD BANK	0	0	.00	.00	.000	.00	.00			
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00			
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00			
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00			
OTHER TRANS	0	0	.00	.00	.000	.00	.00			
OTHER SERVICES	0	0	.00	.00	.000	.00	.00			
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00			
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00			
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00			
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00			
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00			
OPTICIAN	0	0	.00	.00	.000	.00	.00			
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00			
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00			
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00			

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	12	70.05	5.84	.245	23.35	1.43
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	151	140	\$ 107,862.99	\$ 770.45	2.857	\$ 714.32	\$ 2201.29

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,193 FEE-FOR-SERVICE/DENTAL

03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

					MON	THLY AVERAGE	Ξ
649 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	332	1 , 589 \$	35,922.81	\$ 22.61	2.448 \$	108.20	55.35
@PHYSICIANS SERVICES	10	15 \$	508.26	\$ 33.88	.023 \$	50.83	.78
OUTPATIENT VISITS	8	10	353.90	35.39	.015	44.24	.55
OFFICE VISITS	3	5	130.90	26.18	.008	43.63	.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	223.00	44.60	.008	44.60	.34
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	119.39	119.39	.002	119.39	.18
PRINCIPAL SURGEON	1	1	119.39	119.39	.002	119.39	.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.10	2.10	.002	2.10	.00
RADIOLOGY	3	3	32.87	10.96	.005	10.96	.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.000	.00	.00
@PHARMACY	22	82 \$	3,359.34	\$ 40.97	.126 \$	152.70	5.18
PRESCRIPTION DRUGS	20	37	2,110.21	57.03	.057	105.51	3.25
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	20	37	2,110.21	57.03	.057	105.51	3.25

MEDICAL SUPPLIES	3	45		1,249.13		27.76	.069		416.38		1.92
@DENTIST	187	897	Ś	23,638.15	Ś	26.35			126.41	Ś	36.42
VISITS - DIAGNOSTIC	163	590		8,549.15		14.49	.909		52.45		13.17
ORAL SURGERY	16	32		1,176.00		36.75	.049		73.50		1.81
DRUGS	4	4		100.00		25.00	.006		25.00		.15
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		.00		.00	.002		.00		.00
ENDODONTICS	18	50		3,479.00		69.58	.077		193.28		5.36
RESTORATIVE DENTISTRY	51	209		10,214.00		48.87	.322		200.27		15.74
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	1		120.00		120.00	.002		120.00		.18
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	12	10		.00		.00	.015		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUE	RES MO	NTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU D	EC 2	004	PA	AGE 18,194
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 133% PF	ROGRAM	AID	CODES	72 74 8N	8P				
							MC	NTHL	Y AVERA	GE -	
649 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	CO	ST PER	(COST PER
		OR DAYS OF CARE	Ē		PER	UNIT/DAY	PER ELIG	1	USER	E	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$		\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.				.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	4	7 \$	194.91	\$ 27.84	.011 \$		\$.30
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	7	194.91	27.84	.011	48.73	.30
	4	7			.000	.00	.00
MEDICAL	0	0	.00	.00			.00
SURGERY	∠	∠ 1	42.48	21.24	.003	21.24	
PATHOLOGY	1	1	11.58	11.58	.002	11.58	.02
RADIOLOGY	2	2	43.25	21.63	.003	21.63	.07
ROOM USE	∠	0	97.60	48.80	.003	48.80	.15
CROSSOVERS/ALL OTH OUTPTNT	. 0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	. 0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,195
MOP024	FEE-FOR-SERVICE/						03/14/05
YOLO COUNTY	SUMMARY OF SERVI	CES FOR 133% PROGRAM	AID	CODES 72 74 8N			
646					MON'		
649 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.000		OR DAYS OF CARE	104.01	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	7 \$	194.91	\$ 27.84	.011 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	Λ		0		.00)	.00		.000		.00		.00
ANCILLARIES	0		0		.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00		.000		.00		.00
ALL OTHER INPATIENT	0		Ō		.00		.00		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4		7		194.91	_	27.84		.011		48.73		.30
MEDICAL	0		0		.00)	.00		.000		.00		.00
SURGERY	2		2		42.48	3	21.24		.003		21.24		.07
PATHOLOGY	1		1		11.58		11.58		.002		11.58		.02
RADIOLOGY	2		2		43.25)	21.63		.003		21.63		.07
ROOM USE	2		2		97.60)	48.80		.003		48.80		.15
CROSSOVERS/ALL OTH OUTPINT	0		0		.00)	.00		.000		.00		.00
@STATE HOSPITAL	0		0	\$.00) \$.00		.000	\$.00	\$.00
MENTALLY ILL	0		0		.00)	.00		.000		.00		.00
DEVELOP. DISABLED	0		0		.00)	.00		.000		.00		.00
@NURSING FACILITY	0		0	\$.00) \$.00		.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00)	.00		.000		.00		.00
LEV B-REHAB MD	0		0		.00)	.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00)	.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00)	.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00)	.00		.000		.00		.00
LEV B-REGULAR	0		0		.00)	.00		.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00) \$.00		.000	\$.00	\$.00
ICF DDH	0		0		.00)	.00		.000		.00		.00
ICF DD	0		0		.00		.00		.000		.00		.00
ICF DDN/DDCN	0		0		.00)	.00		.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00		.00		.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00		.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00		.00		.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00)	.00		.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	2		5	\$	45.68		9.14		.008	\$	22.84	\$.07
PATHOLOGY	2		5		45.68		9.14		.008		22.84		.07
XO AND OTHERS	0		0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10		12	\$	866.97		72.25		.018	\$	86.70	\$	1.34
CLINIC	0		0		.00		.00		.000		.00		.00
SURGICENTER	0		0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	10		12		866.97		72.25		.018		86.70		1.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		'ENDITU	JRES MON	TH-OF-PAYMENT	REPOR'	r for Jan	2004	THRU	DEC	2004	P <i>P</i>	AGE 18,196
MOP024	FEE-FOR-SERVICE		1000 -				~ =0 =4 0						03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR	133% P	PROGRAM	AID	CODES	5 72 74 8N					~-	
640 51 5655 56			0001110								HLY AVERA		
649 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST						COST PER
0311 05115 550115550	1.00	OR DAYS			7 200 50		R UNIT/DAY	PER			USER		ELIGIBLE
@ALL OTHER PROVIDERS	102		571	\$	7,309.50				.880				11.26
DURABLE MED. EQUIP.	1		13		1,279.14						1279.14		
BLOOD BANK	0		0		.00		.00		.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00		.000		.00		.00
MEDICAL TRANSPORTATION	1		5		72.47		14.49		.008		72.47		.11
AMBULANCES/AIR TRANS	U) (72.47		14.49		.008		72.47		.11
OTHER TRANS	0		0				.00						.00
OTHER SERVICES	0		0		.00		.00		.000		.00		.00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0		0		.00		.00		.000		.00		
GENETIC DISEASE TESTING	0		0		.00		.00		.000				.00
GRINGIIC DISCUST ITSIING	U		U		.00	,	.00		.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	149.26	9.33	.025	18.66	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	92	537	5,808.63	10.82	.827	63.14	8.95
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	65	\$ 3,743.07	\$ 57.59	.100	\$ 748.61	\$ 5.77
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,197 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

TODO COUNTI	DOMMANT OF DEIN	VICED FOR TOOS INCOMM	AID (CODED IN IC OIL	01		
					MON	THLY AVERA	GE
466 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	504	2 , 439 \$	41,676.06	\$ 17.09	5.234 \$	82.69	\$ 89.43
@PHYSICIANS SERVICES	12	15 \$	447.65	\$ 29.84	.032 \$	37.30	\$.96
OUTPATIENT VISITS	4	4	158.27	39.57	.009	39.57	.34
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	137.33	45.78	.006	45.78	.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.94	20.94	.002	20.94	.04
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	200.16	100.08	.004	100.08	.43
PRINCIPAL SURGEON	2	2	200.16	100.08	.004	100.08	.43
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	9	9	89.22	9.91	.019	9.91	.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	15	21	\$	2,546.27	\$	121.25	.045	\$	169.75	\$	5.46
PRESCRIPTION DRUGS	14	20		2,521.18		126.06	.043		180.08		5.41
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	14	20		2,521.18		126.06	.043		180.08		5.41
MEDICAL SUPPLIES	1	1		25.09		25.09	.002		25.09		.05
@DENTIST	222	1,192	\$	25,362.50	\$	21.28	2.558	\$	114.25	\$	54.43
VISITS - DIAGNOSTIC	176	939		11,732.50		12.49	2.015		66.66		25.18
ORAL SURGERY	33	51		2,628.00		51.53	.109		79.64		5.64
DRUGS	3	4		100.00		25.00	.009		33.33		.21
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		236.00		118.00	.004		118.00		.51
ENDODONTICS	19	22		2,862.00		130.09	.047		150.63		6.14
RESTORATIVE DENTISTRY	66	154		7,189.00		46.68	.330		108.92		15.43
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	3	3		440.00		146.67	.006		146.67		.94
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	4	4		175.00		43.75	.009		43.75		.38
ALL OTHER SERVICES	3	13		.00		.00	.028		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	POR	r for jan	2004 THRU	DEC	2004	PA	AGE 18,198
MODOSA	DDD DOD CDDVICE /DD	ATT A T									00/11/05

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

IOLO COONII	DOMINANT OF DERVI	CED FOR TOO FIRO	GIVAII	AID	טפטס	/A /C OIL	01				
							MC	ГИC	HLY AVERA	GΕ	
466 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	2	\$	32.08	\$	16.04	.004	\$	16.04	\$.07
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	2	2		32.08		16.04	.004		16.04		.07
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	13	\$	333.26	\$	25.64	.028	\$	33.33	\$.72
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	10	13	333.26	25.64	.028	33.33	.72
MEDICAL	0	0	2.25C		.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	8	8	196.16	24.52	.017	24.52	.42
ROOM USE	3	3	118.83	39.61	.006	39.61	.26
CROSSOVERS/ALL OTH OUTPTNT	2	2	20.52	10.26	.004	10.26	.04
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00			\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MC	NTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 18,199
MOP024	FEE-FOR-SERVICE/D						03/14/05
YOLO COUNTY	SUMMARY OF SERVICE	ES FOR 100% PROGRAM	AID (CODES 7A 7C 8F		NIMILL 1/ ALIDO A	O.T.
ACC DITCIDITC	HOEDO	ITES OF SERVICE		717ED 7 CE COCE		NTHLY AVERA	-
466 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST		COST PER USER	COST PER ELIGIBLE
ACOMMINITE HOSDIENI EOENI	10	13 \$	333.26	\$ 25.64	.028		\$.72
@COMMUNITY HOSPITAL TOTAL	10	TO 5	333.20	۷ 23.04	.028	۷)).33	٠ / ۷

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	10	13		333.26		25.64	.028		33.33		.72
MEDICAL	0	0		2.25CF	>	.00	.000		.00		.00
SURGERY	0	0		.00	. \	.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	8		196.16		24.52	.017		24.52		.42
ROOM USE	3	3		118.83		39.61	.006		39.61		.26
	3			20.52		10.26			10.26		.04
CROSSOVERS/ALL OTH OUTPINT	0	2	ċ		Ċ		.004	ċ		Ċ	
@STATE HOSPITAL	0		\$.00	\$.00	.000	\$.00	Þ	.00
MENTALLY ILL	-	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	3	\$	24.11	\$	8.04	.006	\$	12.06	\$.05
PATHOLOGY	2	3		24.11		8.04	.006		12.06		.05
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	6	\$	241.66	\$	40.28	.013	\$	60.42	\$.52
CLINIC	2	2		5.66		2.83	.004		2.83		.01
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	4		236.00		59.00	.009		118.00		.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MON	TH-OF-PAYMENT RE	EPORT			DEC	2004	Ρź	AGE 18,200
MOP024	FEE-FOR-SERVICE					1011 01111	2001 111110		2001		03/14/05
YOLO COUNTY		ICES FOR 100% PE	ROGRAM	ATD (ODES	7A 7C 8R	8Т				00, 11, 00
1010 000111	SOLITIME OF SELECT	1020 1010 1000 11		1112	оордо	711 70 010	M	ONT	HIY AVERA	GE -	
466 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVE	RAGE COST					COST PER
100 EHICIPHE	05210	OR DAYS OF CARE		EMI ENDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	244	1,187	\$	12,688.53	\$	10.69	2.547		52.00		27.23
DURABLE MED. EQUIP.	0	0	т	.00	~	.00	.000	~	.00	7	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
HEDICAL INVISIONITATION	U	U		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	41	341.90	8.34	.088	16.28	.73
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	224	1,146	12,346.63	10.77	2.459	55.12	26.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ 2.25CR \$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00 \$.00	.000	\$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

YOLO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

PAGE 18,201

03/14/05

1020 0001111	001111111111111111111111111111111111111		 		0220	, _ , 0				
						MC	ITNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE	COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE		PER UNIT	/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	774	5 , 228	\$ 169,882.63	\$ 32.	49	.000	\$	219.49	\$.00
@PHYSICIANS SERVICES	44	47	\$ 3,820.54	\$ 81.	29	.000	\$	86.83	\$.00
OUTPATIENT VISITS	0	0	50.52		00	.000		.00		.00
OFFICE VISITS	0	0	.00		00	.000		.00		.00
HOME VISITS	0	0	.00		00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	50.52		00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		00	.000		.00		.00
INPATIENT VISITS	0	0	.00		00	.000		.00		.00
HOSPITAL VISITS	0	0	.00		00	.000		.00		.00
CRITICAL CARE	0	0	.00		00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		00	.000		.00		.00
EXAMINATIONS	0	0	.00		00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ACCICEANE CUDCEON	0	0		.00		0.0	000		.00		0.0
ASSISTANT SURGEON ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	0									
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	44	4 /		3,770.02		80.21	.000		85.68		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	28	37	\$	1,070.71	\$	28.94	.000	\$	38.24	\$.00
PRESCRIPTION DRUGS	27	31		647.55		20.89	.000		23.98		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	27	31		647.55		20.89	.000		23.98		.00
MEDICAL SUPPLIES	2	6		423.16		70.53	.000		211.58		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	RENDIT	URES M		SPORT			DEC		PAG	E 18,202
MOP024	FEE-FOR-SERVICE/DENTAL								'		03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR	PRESU	MPTIVE	ELIGIBILITY-PREGN	JANT	AID CODES 7	7F 7G				,, 50
								IONTI	HLY AVERA	GE	

						M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	15	\$ 246.09CR	\$	16.41CR	.000	\$	35.16C	R\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	· · · · · · · · · · · · · · · · · · ·					
HOSP OUTPATIENT TOTAL	/	15	246.09CR	16.41CR	.000	35.16CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	56.94	56.94	.000	56.94	.00
PATHOLOGY	3	5	71.25	14.25	.000	23.75	.00
RADIOLOGY	2	3	187.43	62.48	.000	93.72	.00
ROOM USE	4	4	130.94	32.74	.000	32.74	.00
CROSSOVERS/ALL OTH OUTPINT	1	2	692.65CR	346.33CR	.000	692.65CR	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ü	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE	0	0	.00	.00	.000	.00	.00
	0 0 0	0 0 0					
ROOM USE		0 0 0 S AND EXPENDITURES MON:	.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	.00	.00	.000	.00	.00 .00 PAGE 18,203
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITURES MON' DENTAL	.00 .00 TH-OF-PAYMENT REE	.00 .00 PORT FOR JAN 2	.000 .000 004 THRU DEC	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE/	S AND EXPENDITURES MON	.00 .00 TH-OF-PAYMENT REE	.00 .00 PORT FOR JAN 2	.000 .000 004 THRU DEC	.00 .00 2 2004	.00 .00 PAGE 18,203 03/14/05
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MOND DENTAL CES FOR PRESUMPTIVE EI	.00 .00 TH-OF-PAYMENT REF	.00 .00 PORT FOR JAN 2	.000 .000 004 THRU DEC 7F 7G	.00 .00 2 2004	.00 .00 PAGE 18,203 03/14/05
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MON' DENTAL CES FOR PRESUMPTIVE EI JNITS OF SERVICE	.00 .00 TH-OF-PAYMENT REF	.00 .00 PORT FOR JAN 2 ANT AID CODES AVERAGE COST	.000 .000 004 THRU DEC 7F 7G MONT UNITS/DAYS	.00 .00 2 2004 THLY AVERAGE COST PER	.00 .00 PAGE 18,203 03/14/05
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MON'DENTAL CES FOR PRESUMPTIVE EI JNITS OF SERVICE OR DAYS OF CARE	.00 .00 TH-OF-PAYMENT REE LIGIBILITY-PREGNA EXPENDITURES	.00 .00 PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY	.000 .000 004 THRU DEC 7F 7G MONI UNITS/DAYS PER ELIG	.00 .00 2004 THLY AVERAGE COST PER USER	.00 .00 PAGE 18,203 03/14/05 COST PER ELIGIBLE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MONDENTAL CES FOR PRESUMPTIVE EI UNITS OF SERVICE OR DAYS OF CARE 15 \$.00 .00 TH-OF-PAYMENT REE LIGIBILITY-PREGNA EXPENDITURES 246.09CR	.00 .00 PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 16.41CR	.000 .000 004 THRU DEC 7F 7G MONI UNITS/DAYS PER ELIG .000 \$.00 .00 2 2004 THLY AVERAGE COST PER USER 35.16CR\$.00 .00 PAGE 18,203 03/14/05 COST PER ELIGIBLE .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES MONDENTAL CES FOR PRESUMPTIVE EI JNITS OF SERVICE OR DAYS OF CARE 15 \$ 0	.00 .00 TH-OF-PAYMENT REF LIGIBILITY-PREGNA EXPENDITURES 246.09CR .00	.00 .00 PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 16.41CR .00	.000 .000 004 THRU DEC 7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000	.00 .00 2004 CHLY AVERAGE COST PER USER 35.16CR\$.00 .00 PAGE 18,203 03/14/05 COST PER ELIGIBLE .00 .00
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVICE USERS 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURES MONTOENTAL CES FOR PRESUMPTIVE EI JNITS OF SERVICE OR DAYS OF CARE 15 \$ 0 0 0 0 0 0 0 15	.00 .00 TH-OF-PAYMENT REF LIGIBILITY-PREGNA EXPENDITURES 246.09CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 16.41CR .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 004 THRU DEC 7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	.00 .00 .00 C 2004 C 20	.00 .00 PAGE 18,203 03/14/05
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE, FEE-FOR-SERVICE/SUMMARY OF SERVICE/SUMMARY OF SERVIC	S AND EXPENDITURES MONTO DENTAL CES FOR PRESUMPTIVE EIGHT STATE FOR DAYS OF CARE 15 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 TH-OF-PAYMENT REE LIGIBILITY-PREGNA EXPENDITURES 246.09CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 16.41CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 004 THRU DEC 7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 PAGE 18,203 03/14/05
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE, FEE-FOR-SERVICE/SUMMARY OF SERVICE/SUMMARY OF SERVIC	S AND EXPENDITURES MONTO DENTAL CES FOR PRESUMPTIVE EIGHT STATE OF SERVICE OR DAYS OF CARE 15 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 TH-OF-PAYMENT REE LIGIBILITY-PREGNA EXPENDITURES 246.09CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 16.41CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 004 THRU DEC 7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 PAGE 18,203 03/14/05

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ADMINISTRATIVE DAYS

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MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	510	1,384	\$	31,018.96	\$	22.41	.000	\$	60.82	\$.00
PATHOLOGY	510	1,384		31,018.96		22.41	.000		60.82		.00
XO AND OTHERS	0	, 0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	539	3,692	\$	128,653.51	\$	34.85	.000	\$	238.69	\$.00
CLINIC	529	3,679		127,183.75		34.57	.000		240.42		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	13		1,469.76		113.06	.000		146.98		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPOR	r for jan 2	2004 THRU	DEC	2004	PAG	GE 18,204
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR PRESUM	PTIVE	ELIGIBILITY-PREGN	TNAN	AID CODES	7F 7G				
MONTHLY AVERAGE											
			_					_			

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	53	53 \$	5,565.00	\$ 105.00	.000 \$	105.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	53	53	5,565.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,205 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

TOTO COONTI	SOUTHAIL OF SELV	TCES FOR	MEDI C	α L	TODENCOLOSIS FROGNAM		TID CODE	/ 11				
								MO	ГИС	HLY AVERA	GΕ	
23 ELIGIBLES	USERS	UNITS OF	SERVIC:	E	EXPENDITURES	AVERA	GE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS	OF CAR	E		PER U	NIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	16		214	\$	4,767.94	\$	22.28	9.304	\$	298.00	\$	207.30
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	n		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ASSISTANT SURGEON	U	U		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	O	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
	•	•									
OTHER SERVICES/ALL X-OVERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@PHARMACY	10	19	\$	1,075.56	\$	56.61	.826	Ş	107.56	Ş	46.76
PRESCRIPTION DRUGS	10	19		1,075.56		56.61	.826		107.56		46.76
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	10	19		1,075.56		56.61	.826		107.56		46.76
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
	0		ې		Ą			۲		Ą	
VISITS - DIAGNOSTIC	•	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
	0	0									
PROSTHETICS	U	U		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	O	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	•	70 N	IONTH-OF-PAYMENT RE	ים חרם י			חהכ		Ъ	AGE 18,206
			10 IV	IONIH-OF-FAIMENI KE	SPOR.	I FOR JAN 2	.004 INKO	DEC	2004	Г.	•
MOP024	FEE-FOR-SERVICE,				_		=				03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MEDI-CAI	L TU	JBERCULOSIS PROGRAM	4	AID CODE					
							M	ONT	HLY AVERA	GΕ	
23 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
	0										
OTHER OPTOMETRIC SERVICES	U	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	O	0	\$.00	\$.00	.000	\$.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	Õ		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
RADIO./PATHOLOGY	0					.00					
OTHER	U	0	_	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	Ş	.00	.000	\$.00		.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00		.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

	_						
FAMILY NURSE PRACTITIONER	0	0 \$		\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0 \$		\$.00	.000 \$		
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ô	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					.00
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Û	Ô	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	0	Ü	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,207
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
YOLO COUNTY		JICES FOR MEDI-CAL	TUBERCULOSIS PROGRAM	M AID CODE	7н		
1010 000111	BOILDING OF BEIN	VIOLO I OIL IIIDI OIL	TODDINGOLOGIO TINOGIUL	1110 0000	MON	THIV AVERAG	TF
22 ELICIDIES	HCEBC	INTER OF CEDUTCE	EXPENDITURES	AVERAGE COST			COST PER
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITORES				
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$		\$.00	.000 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	U	O	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
-	-	-		• • •			

SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
LEV B-REGULAR	0	0	.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000	.00		.00
ICF DD	0	0	.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	195 \$	3,692.38	\$	18.94	8.478	\$ 527.48	\$	160.54
CLINIC	7	195	3,692.38		18.94	8.478	527.48		160.54
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU I	DEC 2004	P	AGE 18,208
MOP024	FEE-FOR-SERVICE/	DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVI	CES FOR MEDI-CAL TUB	ERCULOSIS PROGRAM	M	AID CODE	7H			
						MC	NTHLY AVER	AGE	
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000		\$.00
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00		.00
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00		.00
OTHER TRANS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	0	0	.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
Q+ MOMAIC IN MURCE IINEC ADE CIVEN AC		TATEODMARITONI THEM ONLY					

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,209
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MON	ITHLY AVERA	GE
276 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	290	1,671	\$	149,120.74	\$ 89.24	6.054	514.21	\$ 540.29
@PHYSICIANS SERVICES	142	490	\$	29 , 067.96	\$ 59.32	1.775	204.70	\$ 105.32
OUTPATIENT VISITS	73	212		5,502.12	25.95	.768	75.37	19.94
OFFICE VISITS	10	18		717.15	39.84	.065	71.72	2.60
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8		499.30	62.41	.029	62.41	1.81
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	59	186		4,285.67	23.04	.674	72.64	15.53
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	10	28		1,746.17	62.36	.101	174.62	6.33

CRITICAL CARR	HOSPITAL VISITS	9	19		729.57		38.40	.069		81.06		2.64
Definal minimations	CRITICAL CARE	1	9		1,016.60		112.96	.033		1016.60		3.68
Definal minimations	SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		
INPATTENT HOSPITAL SURGERY	EXAMINATIONS	0	0		.00		.00	.000		.00		.00
NATION ADDITION 16	SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON 16 17 11,384,73 669,69 .062 711.55 41.25 ANSSTRANT SURGEON 1 1 1 186.50 186.50 .004 186.50 .68 ANESTHESIOLOGIST 3 19 586.18 30.85 .069 195.39 2.12 OUTPATIENT SURGERY 29 39 4,905.03 125.77 .141 169.14 17.77 PRINCIPAL SURGEON 27 28 4,472.27 159.72 .101 165.64 16.20 ANSSTRANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT HOSPITAL SURGERY	18	37		12,157.41		328.58	.134		675.41		44.05
ANESTHESIOLOGIST 3 19 586.18 30.85 .069 195.39 2.12 OUTPATIENT SURGERY 29 39 4,905.03 125.77 .141 169.14 17.77 PRINCIPAL SURGEON 27 28 4,705.03 125.77 .141 169.14 16.20 ASISTANT SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	16	17					.062		711.55		41.25
OUTPATIENT SURGERY	ASSISTANT SURGEON	1	1		186.50		186.50	.004		186.50		.68
PRINCIPAL SURGEON	ANESTHESIOLOGIST	3	19		586.18		30.85	.069		195.39		2.12
ASSISTANT SURGEON ANESTHESIOLOGIST 6 11 432.76 39.34 .040 72.13 1.57 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 33 68 1,080.97 15.90 .246 32.76 3.92 RADIOLOGY 31 37 2,749.22 74.30 .134 88.68 9.96 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 1MMUNIZATION AND INJECTION 11 45 334.48 7.43 .163 30.41 1.21 OTHER SERVICES/ALL X-OVERS 10 24 552.56 24.69 .087 59.26 2.15 PRESCRIPTION DRUGS 34 51 \$ 2,445.36 47.95 .185 71.92 \$ 8.86 SNF/ICF 0 0 0 0 0 .00 .00 .00 .00 0UTPATIENTS 34 51 \$ 2,445.36 47.95 .185 71.92 \$ 8.86 SNF/ICF 0 0 0 0 0 .00 .00 .00 .00 0UTPATIENTS 34 51 \$ 2,445.36 47.95 .185 71.92 \$ 8.86 MEDICAL SUPPLIES 0 0 0 0 .00 .00 .00 .00 .00 ©EDENTIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUTPATIENT SURGERY	29	39		4,905.03		125.77	.141		169.14		17.77
ANESTHESIOLOGIST 6 11 432.76 39.34 0.40 72.13 1.57 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	27	28		4,472.27		159.72	.101		165.64		16.20
DIALYSIS	ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
PATHOLOGY 33 68 1,080.97 15.90 .246 32.76 3.92 RADIOLOGY 31 37 2,749.22 74.30 .134 88.68 9.96 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 11 45 334.48 7.43 .163 30.41 1.21 OTHER SERVICES/ALL X-OVERS 10 24 592.56 24.69 .087 592.56 2.15 @PHARMACY 34 51 \$ 2,445.36 \$ 47.95 .185 71.92 \$ 8.86 PRESCRIPTION DRUGS 34 51 2,445.36 47.95 .185 71.92 \$ 8.86 SNE/ICF 0 0 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 34 51 2,445.36 47.95 .185 71.92 8.86 MEDICAL SUPPLIES 0 0 0 0 .00 .00 .00 .00 .00 @DENTIST 0 0 0 \$.00 .00 .00 .00 .00 .00 VISITS - DIAGNOSTIC 0 0 0 \$.00 .00 .00 .00 .00 VISITS - DIAGNOSTIC 0 0 0 0 .00 .00 .00 .00 .00 ORAL SURGERY 0 0 0 0 .00 .00 .00 .00 .00 DRUGS 0 0 0 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 0 .00 .00 .00 .00 .00 EPENDODNTICS 0 0 0 0 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENSTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENDOTORICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENSTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENSTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENSTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENSTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENSTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENSTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENSTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENSTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENSTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENSTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ENTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ENTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ENTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ENTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ENTRETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ANESTHESIOLOGIST	6	11		432.76		39.34	.040		72.13		1.57
RADIOLOGY 31 37 2,749.22 74.30 1.34 88.68 9.96 PSYCHIATRY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	DIALYSIS		0		.00		.00	.000		.00		.00
PSYCHIATRY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PATHOLOGY	33	68		1,080.97		15.90	.246		32.76		3.92
IMMUNIZATION AND INJECTION	RADIOLOGY	31	37		2,749.22		74.30	.134		88.68		9.96
OTHER SERVICES/ALL X-OVERS 10 24 592.56 24.69 .087 59.26 2.15 6 PHARMACY 34 51 \$ 2,445.36 \$ 47.95 .185 \$ 71.92 \$ 8.86 PRESCRIPTION DRUGS 34 51 2,445.36 \$ 47.95 .185 \$ 71.92 \$ 8.86 SMF/ICF 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	PSYCHIATRY	0	0		.00		.00	.000		.00		.00
PHARMACY	IMMUNIZATION AND INJECTION	11	45		334.48		7.43	.163		30.41		1.21
PRESCRIPTION DRUGS 34 51 2,445.36 47.95 .185 71.92 8.86 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00 .00 OUTPATIENTS 34 51 2,445.36 47.95 .185 71.92 8.86 MEDICAL SUPPLIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 @DENTIST 0 0 0 \$.00 \$.00 .00 \$.00 \$.00 VISITS - DIAGNOSTIC 0 0 0 0 .00 .00 .00 .00 .00 .00 ORAL SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 DRUGS 0 0 0 0 .00 .00 .00 .00 .00 .00 DRUGS 0 0 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 0 .00 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 0 .00 .00 .00 .00 .00 ENSTORATIVE DENTISTRY 0 0 0 0 .00 .00 .00 .00 .00 PESTORATIVE DENTISTRY 0 0 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 0 .00 .00 .00 .00 .00 GREATURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 #CALL OTHER SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 #CALL OTHER SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 #CALL OTHER SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,210	OTHER SERVICES/ALL X-OVERS	10	24		592.56		24.69	.087		59.26		2.15
SNF/ICF	@PHARMACY	34	51	\$	2,445.36	\$	47.95	.185	\$	71.92	\$	8.86
OUTPATIENTS 34 51 2,445.36 47.95 1.85 71.92 8.86 MEDICAL SUPPLIES 0 0 .00<	PRESCRIPTION DRUGS	34	51		2,445.36		47.95	.185		71.92		8.86
MEDICAL SUPPLIES 0 0 .00 <t< td=""><td>SNF/ICF</td><td>0</td><td>0</td><td></td><td>.00</td><td></td><td>.00</td><td>.000</td><td></td><td>.00</td><td></td><td>.00</td></t<>	SNF/ICF	0	0		.00		.00	.000		.00		.00
QDENTIST	OUTPATIENTS	34	51		2,445.36		47.95	.185		71.92		8.86
VISITS - DIAGNOSTIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
ORAL SURGERY 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	@DENTIST	<u> </u>	0	\$		\$			\$		\$	
DRUGS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0		.00		.00	.000		.00		.00
ANESTHESIA 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	ORAL SURGERY	0	0		.00		.00					
PERIODONTICS 0 0 0 00 .00 </td <td>DRUGS</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td></td>	DRUGS	0	0		.00		.00	.000		.00		
ENDODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANESTHESIA	<u> </u>	0		.00		.00			.00		
RESTORATIVE DENTISTRY 0 0 .00 <td>PERIODONTICS</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td>.00</td> <td></td> <td></td> <td></td> <td></td> <td></td>	PERIODONTICS	0	0				.00					
PROSTHETICS 0 0 .00		0	0									
DENTURES, STAYPLATES 0 0 .00		0	0									
SPACE MAINTAINERS 0 0 .00 <	PROSTHETICS	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES 0 0 .00 </td <td>DENTURES, STAYPLATES</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	DENTURES, STAYPLATES	0	0									
FRACTURES, DISLOCATIONS 0 0 .00	SPACE MAINTAINERS	0	0				.00					
ORTHODONTÍC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	MAXILLOFACIAL SERVICES	0	0		.00		.00			.00		
ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,210	ORTHODONTIC SERVICES	0	0				.00	.000		.00		
,			-									
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05				RES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2004	1 THRU	DEC	2004	P.	•
* * * * * * * * * * * * * * * * * * * *	MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

276 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00

----- MONTHLY AVERAGE -----

RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.0	
OTHER	0	0	.00		.00	.000	.00	.0) ()
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000	\$.00	\$.0) ()
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.0) ()
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.0) ()
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.0) ()
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.0	0 (
@TOTAL HOSPITAL	58	264 \$	93,186.03	\$	352.98	.957	\$ 1606.66	\$ 337.6	53
HOSP INPATIENT TOTAL	18	63	89,492.40		1420.51	.228	4971.80	324.2	25
HSC HOSPITALS	4	11	26,668.02		2424.37	.040	6667.01	96.6	52
NON-HSC HOSPITAL TOTAL	15	52	62,824.38		1208.16	.188	4188.29	227.6	
ACCOMMODATIONS	15	52	22,925.76		440.88	.188	1528.38	83.0	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.0	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.0	
ALL OTHER ACCOM	15	52	22,925.76		440.88	.188	1528.38	83.0	
ANCILLARIES	15	0	39,898.62		.00	.000	2659.91	144.5	
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.0	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.0	
HOSP OUTPATIENT TOTAL	51	201	3,693.63		18.38	.728	72.42	13.3	
MEDICAL	0	201	.00		.00	.000	.00	13.3	
	5	5	197.10			.018	39.42	.7	
SURGERY	35				39.42				
PATHOLOGY		130	1,646.38		12.66	.471	47.04	5.9	
RADIOLOGY	4	6	274.06		45.68	.022	68.52	.9	
ROOM USE	19	23	833.42		36.24	.083	43.86	3.0	
CROSSOVERS/ALL OTH OUTPTNT	21	37	742.67	_	20.07	.134	35.37	2.6	
@COUNTY HOSPITAL TOTAL	1	2 \$	16.58	\$	8.29	.007		\$.0	
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00	.0	
HSC HOSPITALS	0	0	.00		.00	.000	.00	.0	
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.0	
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.0	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.0	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.0	
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.0) ()
ANCILLARIES	0	0	.00		.00	.000	.00	.0) ()
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.0) ()
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.0) ()
CO HOSP OUTPATIENT TOTAL	1	2	16.58		8.29	.007	16.58	.0)6
MEDICAL	0	0	.00		.00	.000	.00	.0) ()
SURGERY	0	0	.00		.00	.000	.00	.0	00
PATHOLOGY	0	0	.00		.00	.000	.00	.0	00
RADIOLOGY	0	0	.00		.00	.000	.00	.0	00
ROOM USE	0	0	.00		.00	.000	.00	.0	00
CROSSOVERS/ALL OTH OUTPINT	1	2	16.58		8.29	.007	16.58	.0)6
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO		REPOR'		2004 THRU I		PAGE 18,	,211
MOP024	FEE-FOR-SERVICE							03/14	
YOLO COUNTY		ICES FOR MINOR CONSEN	T AID CODES AID	CODES	S 7M 7P 7R	7N			-,
1020 000111	001111111111111111111111111111111111111	1020 1011 11111011 00110211	1 1112 00520 1115	0022.	0 /11 /1 /10		ONTHLY AVERA	GE	
276 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	A 1/1	ERAGE COST		S COST PER	COST PE	ZR
2,0 111011110	OBEIG	OR DAYS OF CARE	EMEDITORES			PER ELIG	USER	ELIGIBL	
@COMMUNITY HOSPITAL TOTAL	57	262 \$	93,169.45		355.61	.949			
COMM HOSP INPATIENT TOTAL	18	63	89,492.40	Ψ	1420.51	.228	4971.80	324.2	
HSC HOSPITALS	4	11	26,668.02		2424.37	.040	6667.01	96.6	
NON-HSC HOSPITALS TOTAL	15	52	62,824.38		1208.16	.188	4188.29	227.6	
ACCOMMODATIONS	15	52	22,925.76		440.88	.188	1528.38	83.0	
	0	0	•		.00	.000		.0	
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0	.00				.00	.0	
INANSIIIUNAL IF CARE	U	U	.00		.00	.000	.00	. 0	, 0

ALL OTHER ACCOM	15	52		22,925.76		440.88	.188		1528.38		83.06
ANCILLARIES	15	0		39 , 898.62		.00	.000		2659.91		144.56
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	50	199		3,677.05		18.48	.721		73.54		13.32
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	5	5		197.10		39.42	.018		39.42		.71
PATHOLOGY	35	130		1,646.38		12.66	.471		47.04		5.97
RADIOLOGY	4	6		274.06		45.68	.022		68.52		.99
ROOM USE	19	23		833.42		36.24	.083		43.86		3.02
CROSSOVERS/ALL OTH OUTPTNT		35		726.09		20.75	.127		36.30		2.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	48	99	\$	1,374.94	\$	13.89	.359	\$	28.64	\$	4.98
PATHOLOGY	48	99		1,374.94		13.89	.359		28.64		4.98
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	102	693	\$	21,063.04	\$	30.39	2.511	\$	206.50	\$	76.32
CLINIC	102	693		21,063.04		30.39	2.511		206.50		76.32
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES N	MONTH-OF-PAYMENT RE	EPOR	r for jan :	2004 THRU	DEC	2004	PI	AGE 18,212
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FO	R MINOR	CONSE	ENT AID CODES AID (CODES	5 7M 7P 7R	7N				

----- MONTHLY AVERAGE -----276 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 74 \$.268 \$ 110.19 \$ @ALL OTHER PROVIDERS 18 1,983.41 \$ 26.80 7.19 .00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 .00 BLOOD BANK 0 0 .000 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 7 118.34 MEDICAL TRANSPORTATION 63 828.41 13.15 .228 828.41 13.15 .228 118.34 AMBULANCES/AIR TRANS 63 3.00 OTHER TRANS 0 .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES .000 .00 .00 .00 .00 .00 .00 1,155.00 105.00 ACUPUNCTURE 0 0 .000 .00 .00 .00 0 0 .000 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .040 105.00 4.18

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,213 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

IODO COUNTI	DOMINANT OF DERN	VICES FOR EDWARDS	CHOHO	IN IN INITION	AID CODE	50		
						MON	THLY AVERA	GE
175 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,663	6 , 322	\$	172,057.75	\$ 27.22	36.126 \$	103.46	\$ 983.19
@PHYSICIANS SERVICES	26	44	\$	1,474.96	\$ 33.52	.251 \$	56.73	\$ 8.43
OUTPATIENT VISITS	21	26		858.41	33.02	.149	40.88	4.91
OFFICE VISITS	12	15		412.86	27.52	.086	34.41	2.36
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4		178.40	44.60	.023	44.60	1.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	7		267.15	38.16	.040	53.43	1.53
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		49.78	49.78	.006	49.78	.28
EXAMINATIONS	1	1		49.78	49.78	.006	49.78	.28
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	7		396.68	56.67	.040	198.34	2.27
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	1	1		186.50	186.50	.006	186.50	1.07
ANESTHESIOLOGIST	1	6		210.18	35.03	.034	210.18	1.20
OUTPATIENT SURGERY	5	5		128.34	25.67	.029	25.67	.73
PRINCIPAL SURGEON	5	5		128.34	25.67	.029	25.67	.73
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	3		29.07	9.69	.017	14.54	.17
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00	.00
OTHER SERVICES/ALL X-OVERS 2 2 12.68 6.34 .011 6.34	.07
@PHARMACY 59 82 \$ 9,129.59 \$ 111.34 .469 \$ 154.74	\$ 52.17
PRESCRIPTION DRUGS 59 82 9,129.59 111.34 .469 154.74	52.17
SNF/ICF 0 0 .00 .00 .00 .00 .00	.00
OUTPATIENTS 59 82 9,129.59 111.34 .469 154.74	52.17
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00	.00
@DENTIST 816 4,006 \$ 126,554.72 \$ 31.59 22.891 \$ 155.09	\$ 723.17
VISITS - DIAGNOSTIC 554 2,706 33,461.41 12.37 15.463 60.40	191.21
ORAL SURGERY 117 248 13,448.25 54.23 1.417 114.94	76.85
DRUGS 4 4 100.00 25.00 .023 25.00	.57
ANESTHESIA 0 0 .00 .00 .00 .00 .00	.00
PERIODONTICS 46 52 4,597.50 88.41 .297 99.95	26.27
ENDODONTICS 80 144 26,185.00 181.84 .823 327.31	149.63
RESTORATIVE DENTISTRY 275 716 40,866.56 57.08 4.091 148.61	233.52
PROSTHETICS 2 2 60.00 30.00 .011 30.00	.34
DENTURES, STAYPLATES 21 97 5,681.00 58.57 .554 270.52	32.46
SPACE MAINTAINERS 4 8 1,000.00 125.00 .046 250.00	5.71
MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00	.00
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00	.00
ORTHODONTIC SERVICES 19 19 1,155.00 60.79 .109 60.79	6.60
ALL OTHER SERVICES 13 10 .00 .00 .057 .00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,214
MOP024 FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38	
MONTHLY AVEF	AGE
175 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	ELIGIBLE
@OPTOMETRIST 11 28 \$ 519.18 \$ 18.54 .160 \$ 47.20	\$ 2.97
DIAGNOSTIC AND ANC. PROCED 4 4 181.79 45.45 .023 45.45	1.04
EYE APPLIANCES 10 24 337.39 14.06 .137 33.74	1.93
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .00	1.55

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0	۲	.00	۲	.00	.000	۲	.00	Ψ	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	ċ	.00	Ċ	.00
	0	0	Ÿ	.00	Ą			۲	.00	ې	
MEDICINE/INJECTIONS						.00	.000				.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00		.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	19	57	\$	1,520.95	\$	26.68	.326	\$	80.05	\$	8.69
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		
ANCILLARIES	0						.000				.00
INPATIENT CROSSOVERS	•	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	19	57		1,520.95		26.68	.326		80.05		8.69
MEDICAL	3	6		339.30		56.55	.034		113.10		1.94
SURGERY	2	2		21.65		10.83	.011		10.83		.12
PATHOLOGY	7	18		227.70		12.65	.103		32.53		1.30
RADIOLOGY	2	3		84.07		28.02	.017		42.04		.48
ROOM USE	11	14		520.94		37.21	.080		47.36		2.98
CROSSOVERS/ALL OTH OUTPINT	9	14		327.29		23.38	.080		36.37		1.87
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0									.00
ALL OTHER INPATIENT	•	•		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	PORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 18,215
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASES	IN PA-FAMILIES		AID CODE	38				
							M	ONT	HLY AVERA	GE -	
175 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVF	RAGE COST					OST PER
	00210	OR DAYS OF CARE				UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	57		1,520.95	\$	26.68	.326		80.05		8.69
COOMINITI HOULTIAN TOTAL	1.0	5 /	Υ	1,020.00	7	20.00	. 520	4	00.00	Y	0.00

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	19	57		1,520.95		26.68	.326		80.05		8.69
MEDICAL	3	6		339.30		56.55	.034		113.10		1.94
SURGERY	2	2		21.65		10.83	.011		10.83		.12
PATHOLOGY	7	18		227.70		12.65	.103		32.53		1.30
RADIOLOGY	2	3		84.07		28.02	.017		42.04		.48
ROOM USE	11	14		520.94		37.21	.080		47.36		2.98
CROSSOVERS/ALL OTH OUTPTNT	9	14		327.29		23.38			36.37		1.87
	0	0	Ċ		ċ		.080	Ċ		ċ	
@STATE HOSPITAL	0		\$.00	\$.00	.000	Þ	.00	Ş	.00
MENTALLY ILL	7	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	24	\$	332.07	\$	13.84	.137	\$	55.35	\$	1.90
PATHOLOGY	6	24		332.07		13.84	.137		55.35		1.90
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	62	81	\$	10,809.12	\$	133.45	.463	\$	174.34	\$	61.77
CLINIC	3	8		213.94		26.74	.046		71.31		1.22
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	59	73		10,595.18		145.14	.417		179.58		60.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO		EPORT			DEC	2004	Р	AGE 18,216
MOP024	FEE-FOR-SERVICE			01 1111111111 111	0111		2001 111110		2001	-	03/14/05
YOLO COUNTY		ICES FOR EDWARDS	CASE	S IN PA-FAMILIES		AID CODE	38				
1010 000111	DOINGING OF DERIV	1010 TOTC EDWINDS	OTIOL			1110 0000	M	ONTI	HLY AVERA	GE	
175 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
I, O BHIOIBHE	OBERS	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	748	2,000	\$	21,717.16	\$	10.86	11.429		29.03		124.10
DURABLE MED. EQUIP.	0	2,000	т	.00	~	.00	.000	~	.00	~	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	4		243.50		60.88	.023		121.75		1.39
HEDICAL INVISIONITATION	۷	4		243.30		00.00	.023		141.13		1.33

AMBULANCES/AIR TRANS	2	4	243.50	60.88	.023	121.75	1.39
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9	945.00	105.00	.051	105.00	5.40
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	94	202	1,780.89	8.82	1.154	18.95	10.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	643	1,784	18 , 739.76	10.50	10.194	29.14	107.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.006	8.01	.05
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,217 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YOLO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

					MOI	NTHLY AVERAG	E
28 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24	46	\$ 4,386.81	\$ 95.37	1.643	\$ 182.78	\$ 156.67
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	12	16	\$	2,240.40	\$	140.03	.571	\$	186.70	\$	80.01
PRESCRIPTION DRUGS	12	16		2,240.40		140.03	.571		186.70		80.01
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	12	16		2,240.40		140.03	.571		186.70		80.01
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	8	23	\$	1,783.00	\$	77.52	.821	\$	222.88	\$	63.68
VISITS - DIAGNOSTIC	4	10		278.00		27.80	.357		69.50		9.93
ORAL SURGERY	1	3		121.00		40.33	.107		121.00		4.32
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		330.00		330.00	.036		330.00		11.79
RESTORATIVE DENTISTRY	3	6		324.00		54.00	.214		108.00		11.57
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	3		730.00		243.33	.107		365.00		26.07
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	ES MC	NTH-OF-PAYMENT RE	EPOR	T FOR JAN	2004 THRU	DEC	2004	PF	AGE 18,218
MOP024	FEE-FOR-SERVICE/DEN	ITAL									03/14/05

						M	LNO.	THLY AVERA	GE	
28 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1	\$ 7.80	\$	7.80	.036	\$	7.80	\$.28
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

YOLO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	7.80	7.80	.036	7.80	.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	7.80	7.80	.036	7.80	.28
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 18,219

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

28 ELIGIBLES		TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	GE COST PER
0.000		DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1 \$	7.80	\$ 7.80	.036		\$.28
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	7.80	7.80	.036	7.80	.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	· ·	.00	.00	.000	.00	.00
RADIOLOGY		0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	7.80	7.80	.036	7.80	.28
@STATE HOSPITAL	0	0 \$ 0	.00	\$.00	.000		
MENTALLY ILL	0	•	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	•	-	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0 0 \$.00	.00 \$.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 Ş 0	.00	, , , , , , , , , , , , , , , , , , , ,	.000		
ICF DDH	0		.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0 0 \$.00	.00 \$.00	.000	.00	.00 \$.00
@HEMODIALYSIS TOTAL	0	0 Ş 0	.00	, , , , , , , , , , , , , , , , , , , ,	.000		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0 0 \$.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00		.000		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0 \$.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	.00	
PATHOLOGY	0	0		.00	.000		.00
XO AND OTHERS	0	0 2 \$.00	.00 \$ 156.46	.000	.00	.00 \$ 11.18
@ORGANIZED OUTPATIENT CLINIC	2	2 Ş 0	312.91		.071		
CLINIC	U	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	2	2	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC			312.91	156.46	.071	156.46	11.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		ONIH-OF-PAYMENT RI	LPUKT FUK JAN 2	LUU4 THKU DI	LC 2004	
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/

28 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	4 \$	42.70	\$ 10.68	.143 \$	14.23	\$ 1.53
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	21.90	10.95	.071	21.90	.78
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2	20.80	10.40	.071	10.40	.74
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
0 + momaic in mirce times are civen	I AC A CEDADAME I	NECDMARION TREM ONLY.					

DEB HINTT/DAY DEB ELTC

AID CODE 1E

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OR DAVS OF CARE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

YOLO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,221 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

----- MONTHLY AVERAGE -----01 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER USERS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 31 12,056.77 388.93 \$ 12056.77 168 71.77 168.000 \$ @TOTAL, ALL PROVIDERS .00 \$ @PHYSICIANS SERVICES 0 0 .00 \$.00 .000 \$.00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 .000 .00 OFFICE VISITS .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .00 .000 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 0 .00 EXAMINATIONS .00 .000 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
OUTPATIENT SURGERY	U	0					.000				
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	U	_									
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	10	12	\$	2,471.44	\$	205.95	12.000	Ś		Ś	2471.44
PRESCRIPTION DRUGS	10	12	7	2,471.44	7	205.95	12.000	-1	247.14	7	2471.44
	7	8		•			8.000		227.03		
SNF/ICF	· · · · · · · · · · · · · · · · · · ·			1,589.22		198.65					1589.22
OUTPATIENTS	3	4		882.22		220.56	4.000		294.07		882.22
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	12	43	\$	2,184.55	\$	50.80	43.000	\$	182.05	\$	2184.55
VISITS - DIAGNOSTIC	4	12		69.00		5.75	12.000		17.25		69.00
ORAL SURGERY	1	10		390.45		39.05	10.000		390.45		390.45
	0	0		.00		.00	.000		.00		.00
DRUGS	-	_									
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		112.10		112.10	1.000		112.10		112.10
ENDODONTICS	1	1		215.00		215.00	1.000		215.00		215.00
RESTORATIVE DENTISTRY	2	3		500.00		166.67	3.000		250.00		500.00
PROSTHETICS	1	1		.00		.00	1.000		.00		.00
DENTURES, STAYPLATES	3	15		898.00		59.87	15.000		299.33		898.00
•	3										
SPACE MAINTAINERS	Ü	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		•	EC MO	ONTH-OF-PAYMENT RE	יים מים			DEC		D	AGE 18,222
			ES M	JNIH-OF-FAIMENI KE	PLOKI	FOR JAN 2	.004 INKO	DEC	2004	г	
MOP024	FEE-FOR-SERVICE/										03/14/05
YOLO COUNTY	SUMMARY OF SERVICE	CES FOR CRAIG C	ASES-	- AGED IN PA-AGED		AID CODE	1E				
							M	ITNO	HLY AVERA	.GE	
01 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIC	ì	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000		.00		.00
-	0	0	Ψ	.00	Ψ.	.00	.000	٧	.00	٧	.00
DIAGNOSTIC AND ANC. PROCED	U										
EYE APPLIANCES	U	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	Ō		.00		.00	.000		.00		.00
			ċ		ċ			ċ		ċ	
@PODIATRIST	0	0	\$.00	\$.00	.000	ş	.00	Ş	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	Ś	.00	.000	\$		\$.00
NURSE ANESTHESIST	0	0	\$.00	Š	.00	.000	\$.00	\$.00
	· ·	-			٠ د						
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	Þ	.00
	_	_						_			
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00

		0 4	0.0	* 00	000	0.0	*
FAMILY NURSE PRACTITIONER	U	0 \$.00	\$.00	.000 \$		
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$		•
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	O	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	O	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 18,223
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASES-	AGED IN PA-AGED	AID CODE	E 1E		
					MON	THLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
OI EDIGIBLES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
0.000,000,000,000,000,000,000,000,000,0	0		0.0				
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		·
COMM HOSP INPATIENT TOTAL	O	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0				.00	
ALL OTHER ACCOM	0	0	.00	.00	.000		.00
ANCILLARIES	Ü	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ů -	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,224

03/14/05

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E YOLO COUNTY

TODO COUNTI	DOLINALL OF DELLATOR	LD FOR CRAIG CADED	AGED IN IA AGED	AID CODI			
					MON	THLY AVERA	GE
01 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	14	113 \$	7,400.78	\$ 65.49	113.000 \$	528.63	\$ 7400.78
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	105	7,305.90	69.58	105.000	730.59	7305.90
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	94.88	11.86	8.000	23.72	94.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
0* TOTALS IN THESE LINES ARE (GIVEN AS A SEPARAT	E INFORMATION ITEM C	NLY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,225 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

						MO	NTHLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10	3,708	\$	6,532.42	\$ 1.76	3708.000	\$ 653.24	\$ 6532.42
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	U		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	3 \$	439.11	\$ 146.37	3.000 \$	219.56	\$ 439.11
PRESCRIPTION DRUGS	2	3	439.11	146.37	3.000	219.56	439.11
SNF/ICF	1	2	188.90	94.45	2.000	188.90	188.90
OUTPATIENTS	1	1	250.21	250.21	1.000	250.21	250.21
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	17 \$	1,489.00	\$ 87.59	17.000 \$		\$ 1489.00
VISITS - DIAGNOSTIC	2	6	86.00	14.33	6.000	43.00	86.00
ORAL SURGERY	_ 1	2	130.00	65.00	2.000	130.00	130.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	7	373.00	53.29	7.000	186.50	373.00
PROSTHETICS	0	0		.00	.000		.00
	0	0	.00			.00	
DENTURES, STAYPLATES	1	0	900.00	450.00	2.000	900.00	900.00
SPACE MAINTAINERS	U		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	Ü	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DEC	2004	PAGE 18,226
MOP024	FEE-FOR-SERVICE/						03/14/05
YOLO COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CASE	S- BLIND IN PA-BLI	IND AID COD	E 2E		
					MONT	HLY AVERAC	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
	9	· ·	• 0 0	• • • •	• 5 5 5	• • •	• • •

DADIO /DAMIOLOGY	0	0	.00	0.0	000	.00	0.0
RADIO./PATHOLOGY	0	0		.00	.000		.00
OTHER		0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ô	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
	0	0					.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	Ü	.00	.00	.000	.00	.00
MEDICAL	0	U	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DEG	2004	PAGE 18,227
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASE	S- BLIND IN PA-BLIN	ND AID COD	E 2E		
					MON'	THLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ō	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INDIALITONAL IE CAND	U	O	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00		.00		.00
ANCILLARIES	0	0	.00	.00		.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00		.00		.00
ALL OTHER INPATIENT	0	0	.00	.00		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00		.00		.00
ROOM USE	0	0	.00	.00		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00		.00		.00
	0							
@STATE HOSPITAL	0	0 \$.00	\$.00			\$.00
MENTALLY ILL	U	0	.00	.00		.00		.00
DEVELOP. DISABLED	Ü	0	.00	.00		.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00			\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00			\$.00
ICF DDH	0	0	.00	.00		.00		.00
ICF DD	0	0	.00	.00		.00		.00
	0	0						
ICF DDN/DDCN	0		.00	.00		.00		.00
@HEMODIALYSIS TOTAL	U	0 \$.00	\$.00			\$.00
HOSPITAL BASED	0	0	.00	.00		.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00			\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000		\$.00
CLINIC	0	0	.00	.00		.00		.00
SURGICENTER	0	0	.00	.00		.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00		.00		.00
RURAL HEALTH CLINIC	0	0	.00	.00		.00		.00
		ES AND EXPENDITURES N						
#CALIF DEPT OF HEALTH SERV			MONIH-OF-PAIMENT RE	LPORT FOR JA	IN 2004 IRRO	DEC 2004	r	PAGE 18,228
MOP024	FEE-FOR-SERVICE							03/14/05
YOLO COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASES	S- BLIND IN PA-BLIN	ID AID C	CODE 2E			
						IONTHLY AVER		
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAY			COST PER
		OR DAYS OF CARE			AY PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	4	3 , 688 \$	4,604.31	\$ 1.25		\$ 1151.08		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00		.00		.00
OTHER TRANS	0	0	.00	.00		.00		.00
OTHER SERVICES	0	0	.00	.00		.00		.00
ACUPUNCTURE	Ů.	0	.00	.00		.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00		.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00		.00		.00
GRIEFIC DISEASE IESTING	U	U	.00	.00	.000	.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	3,688		4,604.31	1.25	3688.000	1151.08	4604.31
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,229 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

							MC	JN.T	'HLY AVERA	GE	
34 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	228	2 , 865	\$	80,016.76	\$	27.93	84.265	\$	350.95	\$	2353.43
@PHYSICIANS SERVICES	16	33	\$	930.93	\$	28.21	.971	\$	58.18	\$	27.38
OUTPATIENT VISITS	5	5		190.53		38.11	.147		38.11		5.60
OFFICE VISITS	2	2		63.68		31.84	.059		31.84		1.87

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.029	68.35	2.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	58.50	29.25	.059	29.25	1.72
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.63	3.63	.029	3.63	.11
RADIOLOGY	1	3	81.31	27.10	.088	81.31	2.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	· · · · · · · · · · · · · · · · · · ·	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	24	655.46	27.31	.706	59.59	19.28
@PHARMACY	104	201 \$	36,986.57	\$ 184.01	5.912 \$		\$ 1087.84
PRESCRIPTION DRUGS	104	195	36,861.45	189.03	5.735	354.44	1084.16
SNF/ICF	24	56	6,458.06	115.32	1.647	269.09	189.94
OUTPATIENTS	80	139	30,403.39	218.73	4.088	380.04	894.22
MEDICAL SUPPLIES	2 47	6	125.12	20.85	.176	62.56	3.68
@DENTIST	29	124 \$ 79	4,011.00 1,460.00	\$ 32.35	3.647 \$ 2.324	85.34 50.34	
VISITS - DIAGNOSTIC ORAL SURGERY	9	26	684.00	18.48 26.31	.765	76.00	42.94 20.12
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	143.00	71.50	.059	71.50	4.21
ENDODONTICS	2	Δ	1,065.00	266.25	.118	355.00	31.32
RESTORATIVE DENTISTRY	5	9	709.00	78.78	.265	118.17	20.85
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	50.00CR	16.67CR	.088	25.00CR	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.029	.00	.00
#CALIF DEPT OF HEALTH SERV							PAGE 18,230
MOP024	FEE-FOR-SERVICE		VIII OI IIIIIIIVI KE	101(1 101(0111 2	OUT THING DEC	2001	03/14/05
		ICES FOR CRAIG CASES-	DISABLED IN PA-D	TSARLED ATD CC	DE 6E		03/11/03
TODO COUNTI	SOPREMICT OF SERVE	TODO TOR CRUITO CRODE			MONI	HIY AVERAG	F
34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				
31 5515555	OBLIG	OR DAYS OF CARE	EMPTIONED	PER UNIT/DAY		USER	
@OPTOMETRIST	2	4 \$	74.42	\$ 18.61		37.21	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	4	74.42	18.61	.118	37.21	2.19
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
	Ŭ	· ·	• • •	• • • •	• 5 5 5	• • • •	• • • •

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	ς 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	17	\$	1,320.71	\$	77.69	.500	\$	220.12	\$	38.84
HOSP INPATIENT TOTAL	1	0		806.65		.00	.000		806.65		23.73
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		806.65		.00	.000		806.65		23.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	17		514.06		30.24	.500		102.81		15.12
MEDICAL	2	2		67.56		33.78	.059		33.78		1.99
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	4		59.00		14.75	.118		59.00		1.74
RADIOLOGY	2	3		259.03		86.34	.088		129.52		7.62
ROOM USE	2	2		71.47		35.74	.059		35.74		2.10
CROSSOVERS/ALL OTH OUTPINT		6		57.00		9.50	.176		28.50		1.68
@COUNTY HOSPITAL TOTAL	- 1	2	\$	60.03	\$	30.02	.059	Ś	60.03	Ś	1.77
CO HOSPITAL INPATIENT TOTAL	0	0	7	.00	7	.00	.000	т.	.00	т.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		60.03		30.02	.059		60.03		1.77
MEDICAL	1	1		22.72		22.72	.029		22.72		.67
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		37.31		37.31	.029		37.31		1.10
CROSSOVERS/ALL OTH OUTPINT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	JRES N	MONTH-OF-PAYMENT F	REPOR'	T FOR JAN 2	004 THRU	DEC	2004	P.	AGE 18,231
MOP024	FEE-FOR-SERVIC	E/DENTAL									03/14/05
YOLO COUNTY			CASES	S- DISABLED IN PA-	-DISA	BLED AID CO	DE 6E				•
							M	ONTH	HLY AVERA	GE -	
34 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S C	COST PER	(COST PER
		OR DAYS OF CAR	RE		PE:	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	15	\$	1,260.68	\$	84.05	.441	\$	252.14	\$	37.08

COMM HOSP INPATIENT TOTAL	1	0		806.65		.00	.000		806.65		23.73
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	1	0		806.65		.00	.000		806.65		23.73
INPATIENT CROSSOVERS	0	•									
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	15		454.03		30.27	.441		113.51		13.35
MEDICAL	1	1		44.84		44.84	.029		44.84		1.32
SURGERY	O	0		.00		.00	.000		.00		.00
PATHOLOGY	1	4		59.00		14.75	.118		59.00		1.74
RADIOLOGY	2	3		259.03		86.34	.088		129.52		7.62
ROOM USE	1	1		34.16		34.16	.029		34.16		1.00
CROSSOVERS/ALL OTH OUTPINT	2	6		57.00		9.50	.176		28.50		1.68
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	214	\$	25,761.62	\$	120.38	6.294	\$	4293.60	Ś	757.69
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	31		3,884.92		125.32	.912		3884.92		114.26
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	183		21,876.70		119.54	5.382		4375.34		643.43
	0		Ċ	-				<u>_</u>		Ċ	
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00		\$.00	Ş	.00
ICF DDH	U	0		.00		.00	.000		.00		.00
ICF DD	U	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	O	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	18	\$	162.03	\$	9.00	.529	\$	40.51	\$	4.77
PATHOLOGY	4	18		162.03		9.00	.529		40.51		4.77
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	41.37	\$.00	.000	\$.00	\$	1.22
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		41.37		.00	.000		.00		1.22
#CALIF DEPT OF HEALTH SERV			TIRES N	MONTH-OF-PAYMENT I	REPOR'			DEC		P	AGE 18,232
MOP024	FEE-FOR-SERVICE		OINED I		INDI OIN	1 1010 07110 2	2001 1111(0	рцс	2001	_	03/14/05
YOLO COUNTY			CASES	S- DISABLED IN PA-	-DTSAI	BIED AID CO	ODF 6F				03/11/03
1010 000111	DOMMANT OF DERN	TOES FOR CRAIG	CADEL	DISABLED IN TA	DIOA	DIED AID CO	M	ОМТ	HIV AVERA	CF	
34 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	7\ \ 7.	TDACE COST					COST PER
34 EDIGIDDES	OSERS			EXTENDITORES							
@ALL OTHER PROVIDERS	73	OR DAYS OF CA 2,254	KE \$	10,728.11		R UNIT/DAY 4.76	66.294		USER 146.96		ELIGIBLE 315.53
	0		Ą	•				ې		ې	
DURABLE MED. EQUIP.	•	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	16		175.93		11.00	.471		87.97		5.17

AMBULANCES/AIR TRANS	1	8	149.38	18.67	.235	149.38	4.39
OTHER TRANS	1	8	26.55	3.32	.235	26.55	.78
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	41	2,852.78	69.58	1.206	1426.39	83.91
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	29	262.58	9.05	.853	20.20	7.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	54	1,175	7,197.53	6.13	34.559	133.29	211.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	993	239.29	.24	29.206	119.65	7.04
@CALIF. CHILDREN SERVICES*	5	17	\$ 2,676.03	\$ 157.41	.500	\$ 535.21	\$ 78.71
@XOVER EXCLUDING STATE HOSP**	12	21	\$ 1,151.19	\$ 54.82	.618	\$ 95.93	\$ 33.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,233
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

				MONTHLY AVERAGE				
36 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	269	6 , 741	\$ 98,605.95	\$ 14.63	187.250	\$ 366.56	\$ 2739.05	
@PHYSICIANS SERVICES	16	33	\$ 930.93	\$ 28.21	.917	\$ 58.18	\$ 25.86	
OUTPATIENT VISITS	5	5	190.53	38.11	.139	38.11	5.29	
OFFICE VISITS	2	2	63.68	31.84	.056	31.84	1.77	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	68.35	68.35	.028	68.35	1.90	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	2	2	58.50	29.25	.056	29.25	1.63	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	1		3.63		3.63	.028		3.63		.10
1	3		81.31		27.10	.083		81.31		2.26
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
11	24		655.46		27.31	.667		59.59		18.21
116	216	\$	39,897.12	\$	184.71	6.000	\$	343.94	\$	1108.25
116	210		39,772.00		189.39	5.833		342.86		1104.78
32	66		8,236.18		124.79	1.833		257.38		228.78
84	144		31,535.82		219.00	4.000		375.43		876.00
2	6		125.12		20.85	.167		62.56		3.48
	184	\$	7,684.55	\$	41.76	5.111	\$	121.98	\$	213.46
			1,615.00		16.65	2.694		46.14		44.86
11	38		1,204.45		31.70	1.056		109.50		33.46
0	0		.00		.00	.000		.00		.00
0	0									.00
3	3									7.09
4	5					.139				35.56
10	19		1,582.00		83.26	.528		158.20		43.94
1	1		.00		.00	.028		.00		.00
6	20					.556				48.56
0	0		.00		.00	.000				.00
0	0									.00
0	0									.00
0	0									.00
2	1									.00
		RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 18,234
										03/14/05
SUMMARY OF SERVICES E	FOR CRAIG	CASES-	- TOTAL IN PA-TOTA	ΑL						
	116 116 32 84 2 63 35 11 0 0 3 4 10 1 6 0 0 0 0 0 0 0 0 0 0 0 0 0	116 216 116 210 32 66 84 144 2 6 63 184 35 97 11 38 0 0 0 0 0 0 0 0 3 3 3 4 5 10 19 1 1 1 6 20 0	116 216 \$ 116 210 32 66 84 144 2 6 63 184 \$ 35 97 11 38 0 0 0 0 0 0 0 0 3 3 3 4 5 10 19 1 1 6 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 .00 0 1 3.63 1 3 81.31 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 11 24 655.46 116 216 \$ 39,897.12 116 216 \$ 39,897.12 116 210 39,772.00 32 66 8,236.18 84 144 31,535.82 2 66 125.12 63 184 \$ 7,684.55 35 97 1,615.00 11 38 1,204.45 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	0 0 0 .00 0 0 .00 1 1 1 3 3 .63 1 3 81.31 0 0 0 .00 0 0 .00 11 24 655.46 116 216 \$ 39,897.12 \$ 116 210 39,772.00 32 66 8,236.18 84 144 31,535.82 2 6 2 6 125.12 63 184 \$ 7,684.55 \$ 35 97 1,615.00 11 38 1,204.45 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0 .00 0 0 0 0	0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	0 0 .00	0 0 0 .00 .00 .00 .00 .000 1 1 1 1 3.63 3.63 .028 1 3 81.31 27.10 .083 0 0 0 .00 .00 .00 .00 0 0 .00 .00 .00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

----- MONTHLY AVERAGE -----

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST		COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2	4 \$	74.42	\$ 18.61	.111 \$	37.21	\$ 2.07	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	2	4	74.42	18.61	.111	37.21	2.07	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00	
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00	
@TOTAL HOSPITAL	6	17 \$	1,320.71	\$ 77.69	.472 \$	220.12	\$ 36.69	
HOSP INPATIENT TOTAL	1	0	806.65	.00	.000	806.65	22.41	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	1	0	806.65	.00	.000	806.65	22.41	
ALL OTHER INPATIENT	0	0 17	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	2		514.06	30.24	.472	102.81	14.28	
MEDICAL	2	2	67.56	33.78 .00	.056	33.78	1.88	
SURGERY PATHOLOGY	1	4	.00 59.00	14.75	.000 .111	.00 59.00	.00 1.64	
RADIOLOGY	1	3	259.03	86.34	.083	129.52	7.20	
ROOM USE	2	2	71.47	35.74	.056	35.74	1.99	
CROSSOVERS/ALL OTH OUTPTNT	2	6	57.00	9.50	.167	28.50	1.58	
@COUNTY HOSPITAL TOTAL	1	2 \$	60.03	\$ 30.02	.056 \$	60.03	\$ 1.67	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	2	60.03	30.02	.056	60.03	1.67	
MEDICAL	1	1	22.72	22.72	.028	22.72	.63	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	1	1	37.31	37.31	.028	37.31	1.04	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV MEDI-	CAL SERVIC	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,235	5

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL 03/14/05

YOLO COUNTY	SUMMARY OF SERVICES	FOR CRAIG CASE	S- TOTAL IN PA-TOTA	AL	14017		~ =	
O.C. HITGIRIES	HAEDA INI	ma on annizian		ATTERNACE COOR	MON'			
36 ELIGIBLES		TS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
ACOMMINITEN HORDINAL MODAL	5 OK	DAYS OF CARE	1 260 60	PER UNIT/DAY \$ 84.05	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5 1	15 \$	1,260.68	, , , , , , ,	.417 \$		Þ	35.02
COMM HOSP INPATIENT TOTAL	0	0	806.65	.00	.000	806.65		22.41
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	•	ğ .	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1	0	806.65	.00	.000	806.65		22.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4	15	454.03	30.27	.417	113.51		12.61
MEDICAL	1	1	44.84	44.84	.028	44.84		1.25
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	1	4	59.00	14.75	.111	59.00		1.64
RADIOLOGY	2	3	259.03	86.34	.083	129.52		7.20
ROOM USE	1	1	34.16	34.16	.028	34.16		.95
CROSSOVERS/ALL OTH OUTPTNT	2	6	57.00	9.50	.167	28.50		1.58
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	6	214 \$	25,761.62	\$ 120.38	5.944 \$	4293.60	\$	715.60
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	1	31	3,884.92	125.32	.861	3884.92		107.91
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	5	183	21,876.70	119.54	5.083	4375.34		607.69
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	4	18 \$	162.03	\$ 9.00	.500 \$	40.51	\$	4.50
PATHOLOGY	4	18	162.03	9.00	.500	40.51	7	4.50
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	41.37	\$.00	.000 \$		\$	1.15
CLINIC	0	0	.00	.00	.000	.00	т	.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	41.37	.00	.000	.00		1.15
		-					ח	AGE 18,236
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		MONIU-OL-BAIMENI KI	EFUKI FUK JAN 2	LUU4 IHKU DE	C 2004	P	03/14/05
	FEE-FOR-SERVICE/DEN			7. T				03/14/05
YOLO COUNTY	SUMMARY OF SERVICES	FOR CRAIG CASE	S- TOTAL IN PA-TOTA	АL				

----- MONTHLY AVERAGE -----36 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	C	R DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@ALL OTHER PROVIDERS	91	6,055	\$	22,733.20	\$	3.75	168.194	\$ 249.82	\$ 63	31.48
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	2	16		175.93		11.00	.444	87.97		4.89
AMBULANCES/AIR TRANS	1	8		149.38		18.67	.222	149.38		4.15
OTHER TRANS	1	8		26.55		3.32	.222	26.55		.74
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	12	146		10,158.68		69.58	4.056	846.56	28	82.19
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	17	37		357.46		9.66	1.028	21.03		9.93
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	58	4,863		11,801.84		2.43	135.083	203.48	32	27.83
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	2	993		239.29		.24	27.583	119.65		6.65
@CALIF. CHILDREN SERVICES*	5	17	\$	2,676.03	\$	157.41	.472	\$ 535.21	\$ 7	74.33
@XOVER EXCLUDING STATE HOSP**	12	21	\$	1,151.19	\$	54.82	.583	\$ 95.93	\$ 3	31.98

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,237 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR TOTAL CERTIFIED

1010 000111	DOMINICI OF DELC	VICHO LOIC TOTIME CHICLE	LIUD				
					MON	ITHLY AVERA	GE
44,118 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	53,087	365,833 \$	15,128,425.68	\$ 41.35	8.292	284.97	\$ 342.91
@PHYSICIANS SERVICES	4,801	13,317 \$	660,964.59	\$ 49.63	.302 \$	137.67	\$ 14.98
OUTPATIENT VISITS	2,660	5,314	172,936.47	32.54	.120	65.01	3.92
OFFICE VISITS	1,296	1,628	58,448.74	35.90	.037	45.10	1.32
HOME VISITS	1	1	44.95	44.95	.000	44.95	.00
EMERGENCY ROOM	554	586	32 , 587.77	55.61	.013	58.82	.74
PREVENTIVE CARE	8	8	410.10	51.26	.000	51.26	.01
OB VISITS/COMPRE PERI	836	2 , 977	78,039.39	26.21	.067	93.35	1.77
OTHER OUTPATIENT	91	114	3,405.52	29.87	.003	37.42	.08
INPATIENT VISITS	333	1,019	70,220.22	68.91	.023	210.87	1.59
HOSPITAL VISITS	282	671	29,576.37	44.08	.015	104.88	.67
CRITICAL CARE	43	286	38,903.78	136.03	.006	904.74	.88
SNF/ICF/TRANS IP CARE	27	62	1,740.07	28.07	.001	64.45	.04
OPHTHALMOLOGICAL SERVICES	30	34	1,438.94	42.32	.001	47.96	.03
EXAMINATIONS	30	34	1,438.94	42.32	.001	47.96	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	466	1,705		234,179.61	137.35	.039	502.53		5.31
PRINCIPAL SURGEON	266	318		184,179.40	579.18	.007	692.40		4.17
ASSISTANT SURGEON	58	58		10,467.31	180.47	.001	180.47		.24
ANESTHESIOLOGIST	207	1,329		39,532.90	29.75	.030	190.98		.90
OUTPATIENT SURGERY	370	642		42,342.33	65.95	.015	114.44		.96
PRINCIPAL SURGEON	330	435		35,863.14	82.44	.010	108.68		.81
ASSISTANT SURGEON	1	1		107.22	107.22	.000	107.22		.00
ANESTHESIOLOGIST	57	206		6,371.97	30.93	.005	111.79		.14
DIALYSIS	3	4		843.90	210.98	.000	281.30		.02
PATHOLOGY	605	1,375		20,589.90	14.97	.031	34.03		.47
RADIOLOGY	1,259	1,672		82,529.04	49.36	.038	65.55		1.87
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	73	202		3,071.00	15.20	.005	42.07		.07
OTHER SERVICES/ALL X-OVERS	658	1,350		32,813.18	24.31	.031	49.87		.74
@PHARMACY	12,641	43,124	\$	4,312,085.13	\$ 99.99	.977	\$ 341.12	\$	97.74
PRESCRIPTION DRUGS	12,547	27 , 520		4,269,295.65	155.13	.624	340.26		96.77
SNF/ICF	1,077	3,268		514,537.77	157.45	.074	477.75		11.66
OUTPATIENTS	11 , 551	24,252		3,754,757.88	154.82	.550	325.06		85.11
MEDICAL SUPPLIES	274	15,604		42,789.48	2.74	.354	156.17		.97
@DENTIST	18 , 283	91,923	\$	2,746,879.58	\$ 29.88	2.084		\$	62.26
VISITS - DIAGNOSTIC	13 , 262	64,407		784,956.18	12.19	1.460	59.19		17.79
ORAL SURGERY	2,349	4,878		245,734.35	50.38	.111	104.61		5.57
DRUGS	94	98		2,175.00	22.19	.002	23.14		.05
ANESTHESIA	9	10		800.00	80.00	.000	88.89		.02
PERIODONTICS	1,050	1,140		109,354.30	95.92	.026	104.15		2.48
ENDODONTICS	1,497	2 , 597		429,930.25	165.55	.059	287.19		9.75
RESTORATIVE DENTISTRY	5 , 723	15 , 068		862 , 273.91	57.23	.342	150.67		19.54
PROSTHETICS	145	163		4,712.50	28.91	.004	32.50		.11
DENTURES, STAYPLATES	774	2,447		254,565.90	104.03	.055	328.90		5.77
SPACE MAINTAINERS	91	121		12,428.10	102.71	.003	136.57		.28
MAXILLOFACIAL SERVICES	15	15		1,026.09	68.41	.000	68.41		.02
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.000	1200.00		.03
ORTHODONTIC SERVICES	411	517		35,548.00	68.76	.012	86.49		.81
ALL OTHER SERVICES	420	461		2,175.00	4.72	.010	5.18		.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU	DEC 2004	PP	AGE 18,238
MOP024	FEE-FOR-SERVICE/DE								03/14/05
YOLO COUNTY	SUMMARY OF SERVICE	S FOR TOTAL	CERTI	FIED					
						M	ONTHLY AVERA	GE -	

							02.2			
USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CAR	₹.		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
400	1,046	\$	22,008.12	\$	21.04	.024	\$	55.02	\$.50
181	191		7,999.60		41.88	.004		44.20		.18
331	842		13,819.53		16.41	.019		41.75		.31
6	13		188.99		14.54	.000		31.50		.00
1	2	\$	33.44	\$	16.72	.000	\$	33.44	\$.00
1	2		33.44		16.72	.000		33.44		.00
0	0		.00		.00	.000		.00		.00
35	42	\$	597.49	\$	14.23	.001	\$	17.07	\$.01
9	10		350.67		35.07	.000		38.96		.01
0	0		.00		.00	.000		.00		.00
1	2		34.60		17.30	.000		34.60		.00
26	30		212.22		7.07	.001		8.16		.00
36	575	\$	19,118.74	\$	33.25	.013	\$	531.08	\$.43
5	26	\$	615.35	\$	23.67	.001	\$	123.07	\$.01
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	400 181 331 6 1 1 0 35 9 0 1 26	OR DAYS OF CARD 400 1,046 181 191 331 842 6 13 1 2 1 2 0 0 0 35 42 9 10 0 0 1 2 26 30 36 575	OR DAYS OF CARE 400 1,046 \$ 22,008.12 \$ 21.04 181 191 7,999.60 41.88 331 842 13,819.53 16.41 6 13 188.99 14.54 1 2 \$ 33.44 \$ 16.72 1 2 33.44 16.72 0 0 0 0 0 0 0 0 35 42 \$ 597.49 \$ 14.23 9 10 350.67 35.07 0 0 0 0 1 2 34.60 17.30 26 30 212.22 7.07 36 575 \$ 19,118.74 \$ 33.25 5 26 \$ 615.35 \$ 23.67 0 0 0 \$ 00 \$ 00 \$ 00 \$ 00 \$ 00 \$ 00 \$	OR DAYS OF CARE 400	OR DAYS OF CARE 400	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 400 1,046 \$ 22,008.12 \$ 21.04 .024 \$ 55.02 181 191 7,999.60 41.88 .004 44.20 331 842 13,819.53 16.41 .019 41.75 6 13 188.99 14.54 .000 31.50 1 2 \$ 33.44 \$ 16.72 .000 \$ 33.44 1 2 \$ 33.44 \$ 16.72 .000 33.44 0 0 .00 .00 .00 .00 35 42 \$ 597.49 \$ 14.23 .001 \$ 17.07 9 10 350.67 35.07 .000 38.96 0 0 .00 .00 .00 .00 1 2 34.60 17.30 .000 34.60 26 30 212.22 7.07 .001 8.16 36 575 \$ 19,118.74 \$ 33.2	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 400 1,046 \$ 22,008.12 \$ 21.04 .024 \$ 55.02 \$ 181 191 7,999.60 41.88 .004 44.20 44.20 331 842 13,819.53 16.41 .019 41.75 00 41.75 00 31.50 00 31.50 00 31.50 00 31.50 00 31.50 00 31.50 00 31.50 00 31.50 00 00 31.50 00 00 31.50 00 00 31.50 00 00 31.50 00 00 31.50 00 00 31.50 00 00 00 31.50 00 00 00 31.50 00			

FAMILY NURSE PRACTITIONER	10	23	\$ 337.23	\$ 14.66	.001	\$ 33.72	\$.01
@TOTAL HOSPITAL	2 , 751	11,043	\$ 2,812,410.71	\$ 254.68	.250	\$ 1022.32	\$ 63.75
HOSP INPATIENT TOTAL	627	2,143	2,602,528.76	1214.43	.049	4150.76	58.99
HSC HOSPITALS	142	602	874,489.28	1452.64	.014	6158.38	19.82
NON-HSC HOSPITAL TOTAL	418	1,541	1,669,557.85	1083.42	.035	3994.16	37.84
ACCOMMODATIONS	417	1,541	540,374.01	350.66	.035	1295.86	12.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	417	1,541	540,374.01	350.66	.035	1295.86	12.25
ANCILLARIES	417	0	1,129,183.84	.00	.000	2707.87	25.59
INPATIENT CROSSOVERS	71	0	58 , 481.63	.00	.000	823.68	1.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,397	8,900	209,881.95	23.58	.202	87.56	4.76
MEDICAL	222	283	10,081.04	35.62	.006	45.41	.23
SURGERY	293	477	14,330.27	30.04	.011	48.91	.32
PATHOLOGY	1,041	4,180	48,811.06	11.68	.095	46.89	1.11
RADIOLOGY	533	706	42,237.22	59.83	.016	79.24	.96
ROOM USE	1,141	1,441	57,300.00	39.76	.033	50.22	1.30
CROSSOVERS/ALL OTH OUTPTNT	955	1,813	37,122.36	20.48	.041	38.87	.84
@COUNTY HOSPITAL TOTAL	32	106	\$ 9,538.56	\$ 89.99	.002	\$ 298.08	\$.22
CO HOSPITAL INPATIENT TOTAL	2	4	6,224.45	1556.11	.000	3112.23	.14
HSC HOSPITALS	2	4	5,406.04	1351.51	.000	2703.02	.12
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	818.41	.00	.000	.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	31	102	3,314.11	32.49	.002	106.91	.08
MEDICAL	17	18	520.92	28.94	.000	30.64	.01

SURGERY	4	5	248.20	49.64	.000	62.05	.01
PATHOLOGY	8	31	393.25	12.69	.001	49.16	.01
RADIOLOGY	4	5	253.64	50.73	.000	63.41	.01
ROOM USE	22	32	1,562.17	48.82	.001	71.01	.04
CROSSOVERS/ALL OTH OUTPINT	8	11	335.93	30.54	.000	41.99	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 18,239
MOP024	FEE-FOR-SERVICE/DE	ENTAL					03/14/05
YOLO COUNTY	SUMMARY OF SERVICE	ES FOR TOTAL CER	TIFIED				

YOLO COUNTY	SUMMARY OF SERV	VICES FOR TOTAL C	ERTI	IFIED					
							NTHLY AVERA	GE	
44,118 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,724	10 , 937	\$	2,802,872.15	\$ 256.27	.248		\$	63.53
COMM HOSP INPATIENT TOTAL	625	2,139		2,596,304.31	1213.79	.048	4154.09		58.85
HSC HOSPITALS	140	598		869,083.24	1453.32	.014	6207.74		19.70
NON-HSC HOSPITALS TOTAL	418	1,541		1,669,557.85	1083.42	.035	3994.16		37.84
ACCOMMODATIONS	417	1,541		540,374.01	350.66	.035	1295.86		12.25
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	417	1,541		540,374.01	350.66	.035	1295.86		12.25
ANCILLARIES	417	0		1,129,183.84	.00	.000	2707.87		25.59
INPATIENT CROSSOVERS	71	0		57,663.22	.00	.000	812.16		1.31
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,371	8,798		206,567.84	23.48	.199	87.12		4.68
MEDICAL	205	265		9,560.12	36.08	.006	46.63		.22
SURGERY	289	472		14,082.07	29.83	.011	48.73		.32
PATHOLOGY	1,034	4,149		48,417.81	11.67	.094	46.83		1.10
RADIOLOGY	529	701		41,983.58	59.89	.016	79.36		.95
ROOM USE	1,122	1,409		55,737.83	39.56	.032	49.68		1.26
CROSSOVERS/ALL OTH OUTPINT	947	1,802		36,786.43	20.41	.041	38.85		.83
@STATE HOSPITAL	31	945	\$	641,154.15	\$ 678.47	.021	\$ 20682.39	\$	14.53
MENTALLY ILL	0	0	·	15,450.28	.00	.000	.00		.35
DEVELOP. DISABLED	31	945		625,703.87	662.12	.021	20184.00		14.18
@NURSING FACILITY	275	4,804	\$	584,266.64	\$ 121.62		\$ 2124.61	\$	13.24
LEV A-INTERMEDIATE	0	. 0	·	.00	.00	.000	.00		.00
LEV B-REHAB MD	66	2,183		251,291.28	115.11	.049	3807.44		5.70
LEV B-SUBACUTE FREESTANDING	0	. 0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	3	50		27,777.29	555.55	.001	9259.10		.63
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	206	2,571		305,198.07	118.71	.058	1481.54		6.92
@INTERMEDIATE CARE FACILDD	1	122	\$	22,300.38	\$ 182.79	.003	\$ 22300.38	\$.51
ICF DDH	0	0		.00	.00	.000	.00	•	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	1	122		22,300.38	182.79	.003	22300.38		.51
@HEMODIALYSIS TOTAL	15	143	\$	17,682.83	\$ 123.66		\$ 1178.86	\$.40
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	15	143		17,682.83	123.66	.003	1178.86		.40
@REHABILITATION FACILITY	39	380	\$	6,597.73	\$ 17.36	.009		\$.15
HOSPITAL BASED	11	60	т.	1,559.55	25.99	.001	141.78	-	.04
INDEPENDENT FACILITY	28	320		5,038.18	15.74	.007	179.94		.11
@LABORATORY FACILITY	2,180	5,512	\$	86,349.18	\$ 15.67	.125		Ś	1.96
PATHOLOGY	2,180	5,512	т	86,349.18	15.67	.125	39.61	Τ.	1.96
XO AND OTHERS	2,100	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	4,352	23,935	\$	869,733.76	\$ 36.34	.543		Ś	19.71
CLINIC CLINIC	2,993	21,964	۲	605,335.08	27.56	.498	202.25	~	13.72
SURGICENTER	2 , 333	51		1,755.51	34.42	.001	195.06		.04
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
HILLOTIN DELOW CHIMIC	0	U		.00	.00	.000	.00		.00

RURAL HEALTH CLINIC 1,350 1,920 262,643.17 136.79 .044 194.55 5.95 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,240 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR TOTAL CERTIFIED

IOLO COUNTY	SUMMARY OF SERV	VICES FOR TOTAL C	1KT1	LFIED					
						MON		-	
44,118 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	_	USER		ELIGIBLE
@ALL OTHER PROVIDERS	15 , 944	168,871	\$	2,325,290.63	\$ 13.77	3.828		\$	52.71
DURABLE MED. EQUIP.	41	140		24,051.07	171.79	.003	586.61		.55
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	155	2 , 525		22,160.54	8.78	.057	142.97		.50
AMBULANCES/AIR TRANS	139	1,514		17,870.96	11.80	.034	128.57		.41
OTHER TRANS	11	1,312		2,480.05	1.89	.030	225.46		.06
OTHER SERVICES	6	301CR		1,809.53	6.01CR	.007CR	301.59		.04
ACUPUNCTURE	2	3		48.66	16.22	.000	24.33		.00
ADULT DAY HEALTH CARE CTR	1,226	15 , 932		1,108,436.60	69.57	.361	904.11		25.12
GENETIC DISEASE TESTING	482	482		50,610.00	105.00	.011	105.00		1.15
IHMC, MODEL-NF, NF, AIDS, MSSP	165	12,632		386,732.18	30.62	.286	2343.83		8.77
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	3 , 358	7,319		71,089.16	9.71	.166	21.17		1.61
PHYSICAL THERAPIST	2	20		294.15	14.71	.000	147.08		.01
PORTABLE X-RAY	6	14		65.76	4.70	.000	10.96		.00
PROSTHETIST/ORTHOTISTS	8	13		696.04	53.54	.000	87.01		.02
PROSTHETICS	8	13		696.04	53.54	.000	87.01		.02
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	29	51		2,697.86	52.90	.001	93.03		.06
SPEECH AND AUDIOLOGY	5	20		794.70	39.74	.000	158.94		.02
HOSPICE SERVICES	3	50		5,681.00	113.62	.001	1893.67		.13
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	10,512	77 , 903		566,519.35	7.27	1.766	53.89		12.84
EPSDT SUPPLEMENTAL SERVICE	20	2,584		74,080.21	28.67	.059	3704.01		1.68
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	91	49,183		11,333.35	.23	1.115	124.54		.26
@CALIF. CHILDREN SERVICES*	246	4,461	\$	356,738.67		.101	1450.16	\$	8.09
@XOVER EXCLUDING STATE HOSP**	526	1,176	\$	117,048.03	\$ 99.53	.027	222.52	\$	2.65

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.